

Name
in
Full

Iron Harry Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1903	Month Oct	Day 21	Age 3	Years	Months 11	Days 8
Sex Male	Color or Race	White	Occupation	Furnace Rd.		
Married, Single or Widowed	X		X			
Name of Wife or Husband	X					
Father's Name	Wm. H. Adams		X	Father's Birthplace	Frederick Md	
Mother's Maiden Name	X			Mother's Birthplace	Frederick Co Md	
Name of person giving information	Wm. H. Adams		X	How related to deceased	father.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bright's Disease

How long

1 month

Immediate

Paralysis

How long

hours

Are the name, age, sex, color, date and place correctly given above?

yes

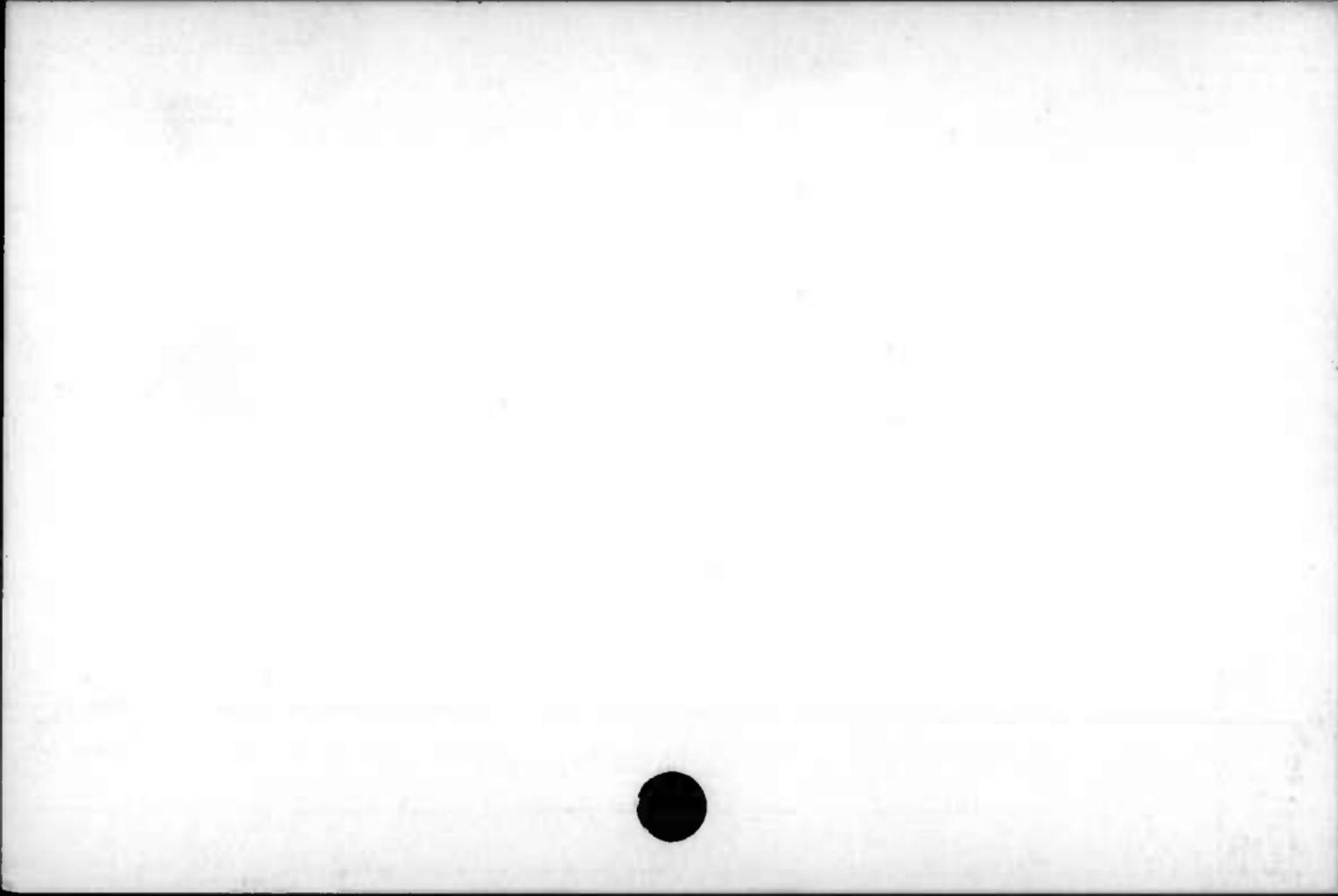
Signature of Physician

J. S. Haywood

Address

1 Second St.

Accident or Suicide?



Name
in
Full

Franklin W. Albaugh

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Oct	Day 21	Years 6	Months 9	Days 20
Sex Male	Color or Race white	Birth-place			
Married, Single or Widowed	Occupation				
Name of Wife or Husband				Father's Birthplace	
Father's Name	Lyman W. Albaugh			Mother's Birthplace	
Mother's Maiden Name	Catharine L. Albaugh			How related to deceased	
Name of person giving information					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Laryngeal diphtheria

How long

few day.

Immediate

Suffocation

How long

short while

Are the name, age, sex, color, date and place correctly given above?

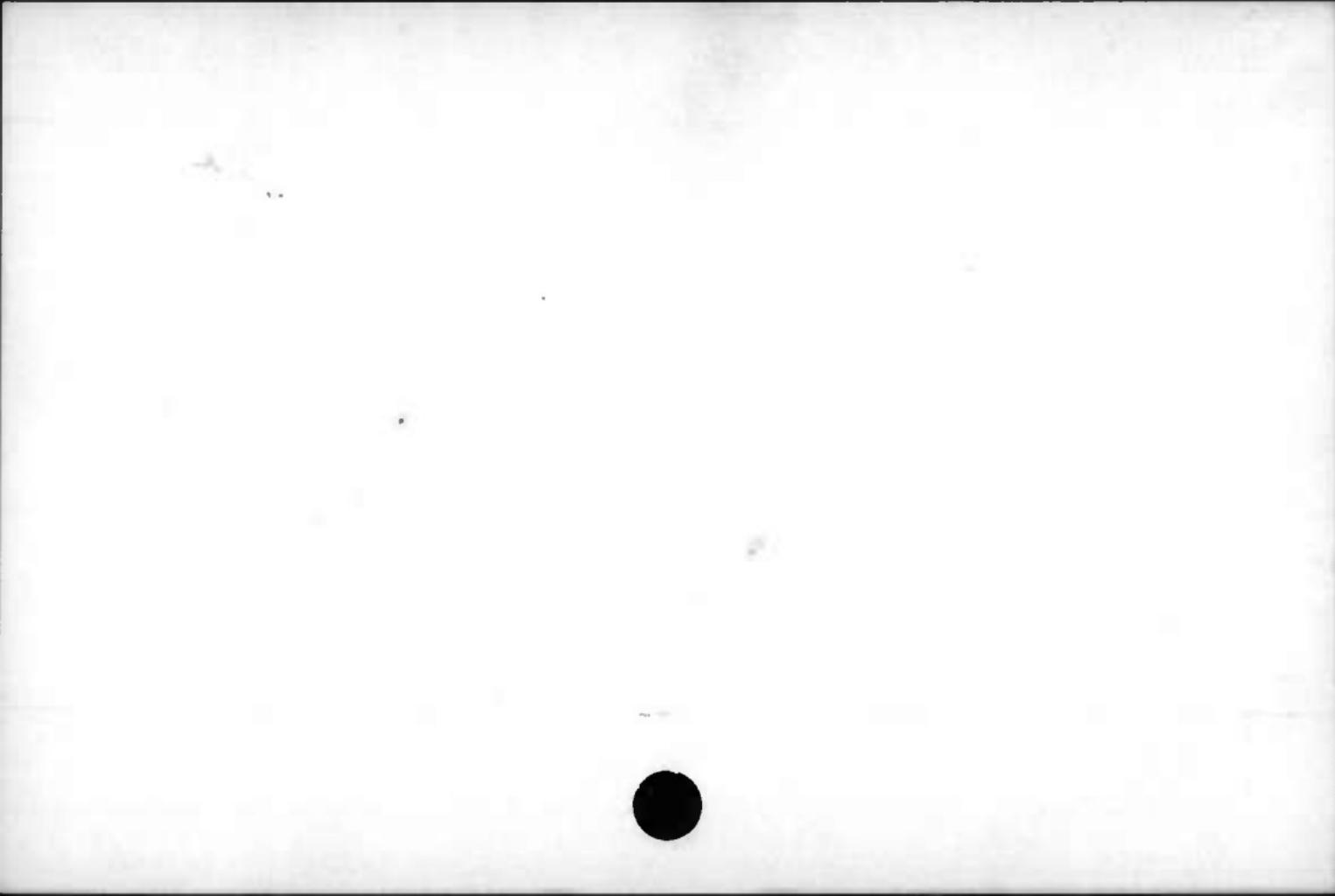
yes

Signature of Physician

Address

J.W. Gardner, M.D.
Castile Bldg

Accident or Suicide?



Name
in
Full

Joseph W. Beeler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 190	3	Month 10	Day 22	Years 54	Months	Days 16
Sex	Male	Color or Race	White	Birth- place		
Married, Single or Widowed	Married		Occupation	Retired		
Name of Wife <u>Husband</u>	Emma J. Beeler					
Father's Name	David Beeler		Father's Birthplace			
Mother's Maiden Name	Magdalene Haffner		Mother's Birthplace			
Name of person giving information	Roy A. Beeler		How related to deceased			

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Chronic Bright's Disease		How long
Immediate	Asthma & Convulsions		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S. V. Haffner
yes		Address	Frederick
Accident or Suicide?			



Kathie Biggs

Town

County

Died at

Unionville Frederick

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Male

White

Married

Widow

Occupation

Female

Colored

Single

Widower

Divorced

Number of children living

7

Husband of

Frank Biggs

Wife

Father's

Name

Soulemon Brown

Mother's

Maiden Name

Francis Brown

Cause of

Primary

leucosyphosis

How long sick
two years

Death

Immediate

Accident, Suicide, Homicide

Reported by

M. Whitehead M.D.

Address

Unionville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Rachel Blackburne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month October	Day 30th	Age 86	Years	Months 4 - Days
Sex Female	Color or Race	Religion	Birth-place	Maryland	
Married, Single or Widowed	Occupation	Single Religious			
Name of Wife or Husband	=				
Father's Name	Uriah Blackburne			Father's Birthplace	Maryland
Mother's Maiden Name	Margaret Coulson			Mother's Birthplace	Maryland
Name of person giving Information	Benadine Onedorff			How related to deceased	Niece

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Softening of the Brain		How long Seven Months
Immediate	Paralysis of the Brain		How long One day
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John B Branched
		Address	Eminitsburg Md.
Accident or Suicide?			



Name in Full

Certificate of Death

Miss Martha Bowles.

Died at	Town Frederick	County Frederick	MARYLAND
Date 1903	Month Oct	Day 20	Native of
Male	Age	Married	Occupation
Female	White	Single	
	Colored		
			Widow
			Divorced
			Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

93

Cause of

Primary

Pneumonia

How long sick

1 week

Death

Immediate

Chambers

~~Accident, Suicide, Homicide~~

Reported by

S. S. Maynard M.D.

Address

17 Fremont St W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Rebecca Biehl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Ladies bus	Frederick			
Date of death 190	Month Oct	Day 11	Years 74	Months 2	Days 15-
Sex	Female	Color or Race	White	Birth- place	Jamestown
Married, Single or Widowed			Occupation	Retired	
Name of Wife or Husband	David Biehl.				
Father's Name	John White				
Mother's Maiden Name	Magg. E. Stultz. 18				
Name of person giving Information	John Biehl				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Hornia - (Strangulated)* How long *2 Weeks,*

Immediate *Peritonitis* How long *3 days*

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

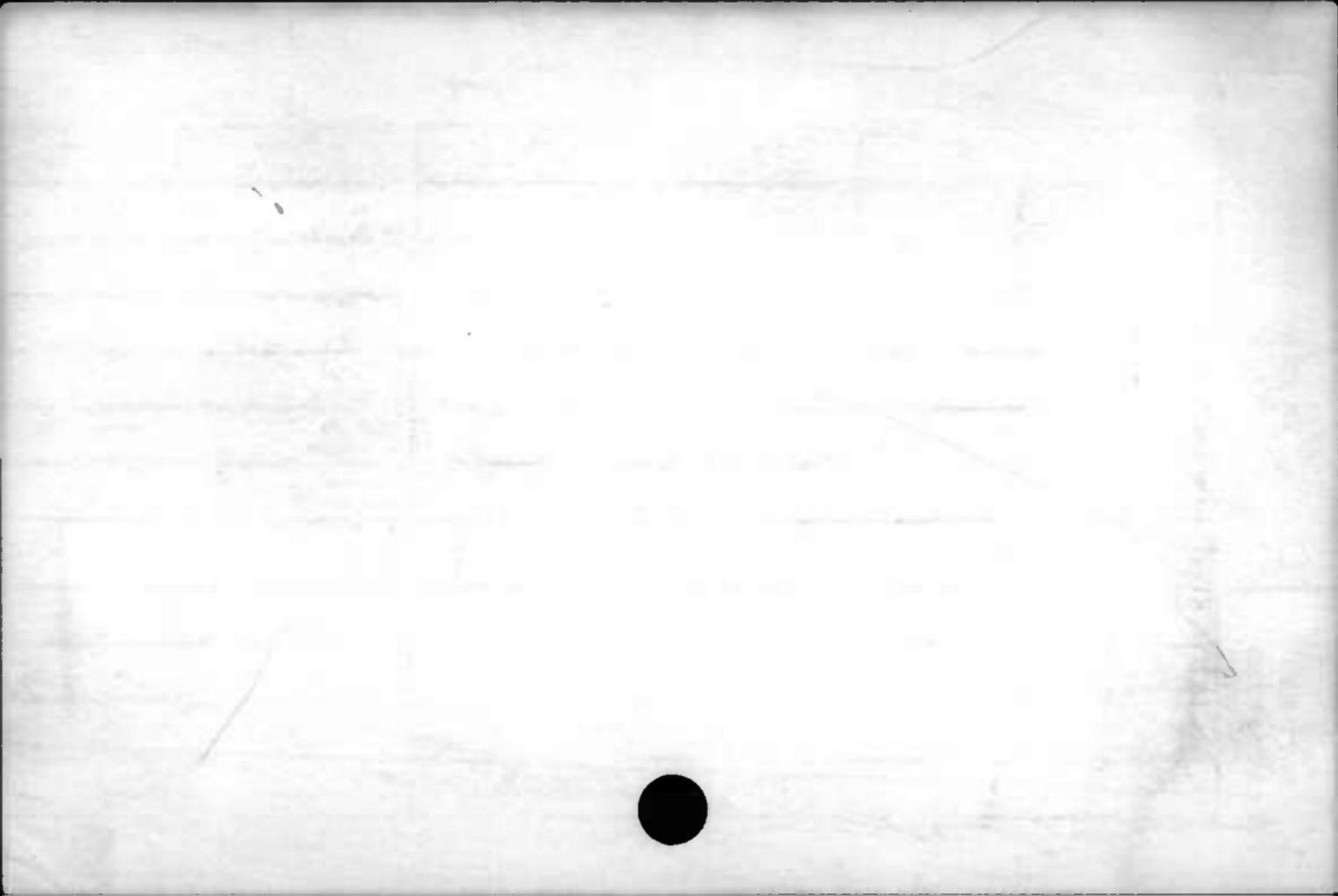
Address

D. H. Diller

D. F. Green -

Manyland -

Accident or Suicide?



Name
in
Full

Eliza Ann Cartnale

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at near Middleton	Middleton	Frederick	—	—	—
Date of death 1903	Month Oct	Day 8	Years Age 85	Months —	Days —
Sex Female	Color or Race Colored	Birth- place Ind			
Married, Single or Widowed Widow	Occupation Housewife				
Name of Wife or Husband David Cartnale					
Father's Name Smith	Father's Birthplace				
Mother's Maiden Name could not tell	Mother's Birthplace				
Name of person giving Information Peter Cartnale	How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary How long

Immediate How long

Are the name, age, sex, color, date
and place correctly given above?
yes

Signature of
Physician

Address

Physician in
attendance
J Marshall Teete-Tell

Accident or Suicide?



Name
in
Full

America Charney

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Indiana		Town	Indiana		County	MARYLAND	
Date of death 1903	Month Oct	Day 21	Age 65	Years	Months	Days	
Sex Female	Color or Race colored.	Birth-place Porterville Md					
Married, Single or Widowed Widow	Occupation Servant.						
Name of Wife or Husband Isaac Charney	Father's Birthplace Maugr Co Md.						
Father's Name Frank Davis	Mother's Birthplace Mdeygo Co Md.						
Mother's Maiden Name Annie Daffin	How related to deceased Brother						
Name of person giving information George Davis							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hemumatog-Gas Poisoning

How long

six or eight hours.

Immediate

Pulmonary Oedema.

How long

six or eight hours.

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

J. B. Johnson

Address

Indiana

Md.

Accident or Suicide?



Name
in
Full

George Lee Coose

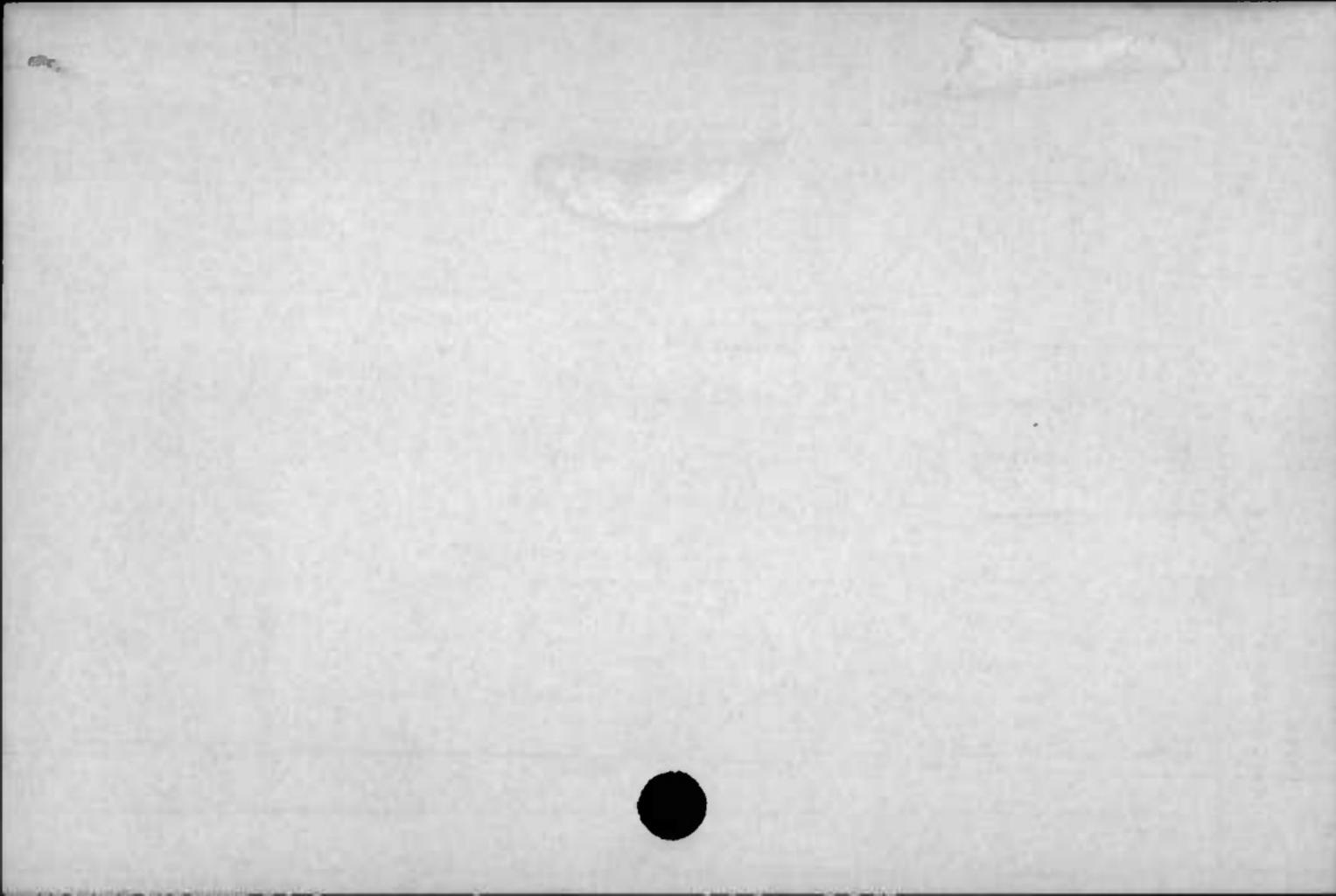
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
near Jefferson	Frederick					
Date of death	Month	Day	Years	Months	Days	
1903	Oct.	30	34	8		
Sex	Male	Color or Race	white	Birth-place	Frederick Co., Md.	
Occupation	Team laborer			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Florence N. Stockman			
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased		

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis		How long	about one year
Immediate	Asthma		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. O. Hendrix, M.D.
			Address	Frederick, Md.
Accident or Suicide? -				



Name
in
Full

Anelia Cramer

CERTIFICATE OF DEATH

To BE ANSWERED BY

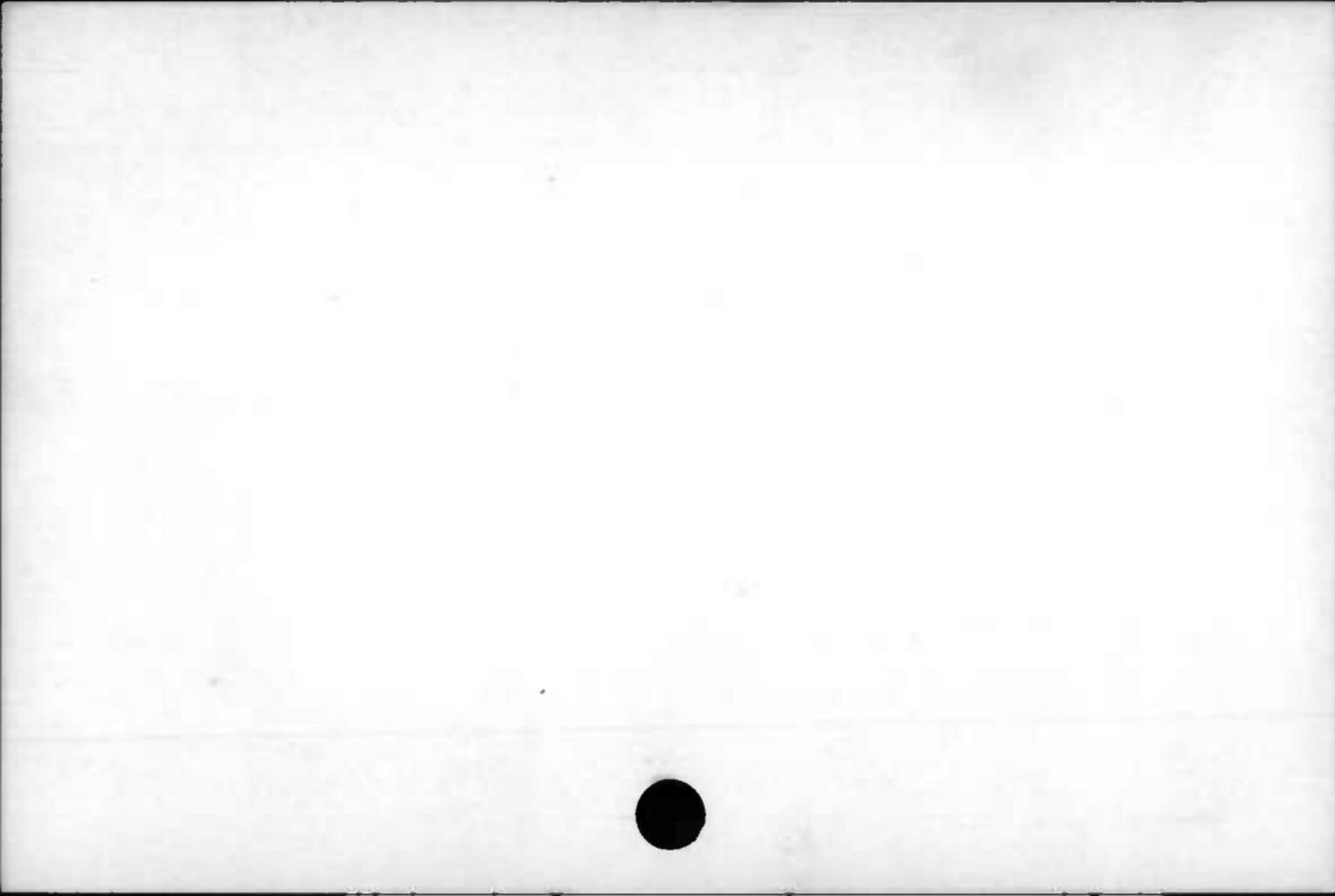
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 10	Day 22	Age 54	Years	Months Days
Sex Female	Color or Race white	Occupation housewife	Birth-place Walkersville		
Married Single or Widowed					
Name of Wife or Husband	Eugene Cramer.				
Father's Name	Randolph Duderar	64	Father's Birthplace	Walkersville Co.	
Mother's Maiden Name	Julia Lugenbeel		Mother's Birthplace	Co.	
Name of person giving information	J. Nicodemus		How related to deceased	a widow.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Central hemorrhage	How long	5 month
Immediate	Exhaustion, due to gangrenous affection	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. Nicodemus M.D.
		Address	Walkersville Md.
Accident or Suicide?			



Name
in
Full

Susan Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>near Thurmont</u>	Town	County <u>Frederick</u>	MARYLAND
Date of death <u>1903</u>	Month <u>Oct</u>	Day <u>18th</u>	Years <u>73</u> Months <u>6</u> Days <u>22</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Park</u>	
Married, Single or Widowed <u>Widow</u>	Occupation <u>Housewife</u>		
Name of Wife or Husband <u>George Davis</u>			
Father's Name <u>Solomon Nichols</u>		Father's Birthplace <u>Park</u>	
Mother's Maiden Name <u>Susan —</u>		Mother's Birthplace <u>Park</u>	
Name of person giving Information <u>Jacob Davis</u>		How related to deceased <u>Son</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Epithelioma of Lip & Bright Shiner</u>	How long
Immediate	<u>Larynx</u>	How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

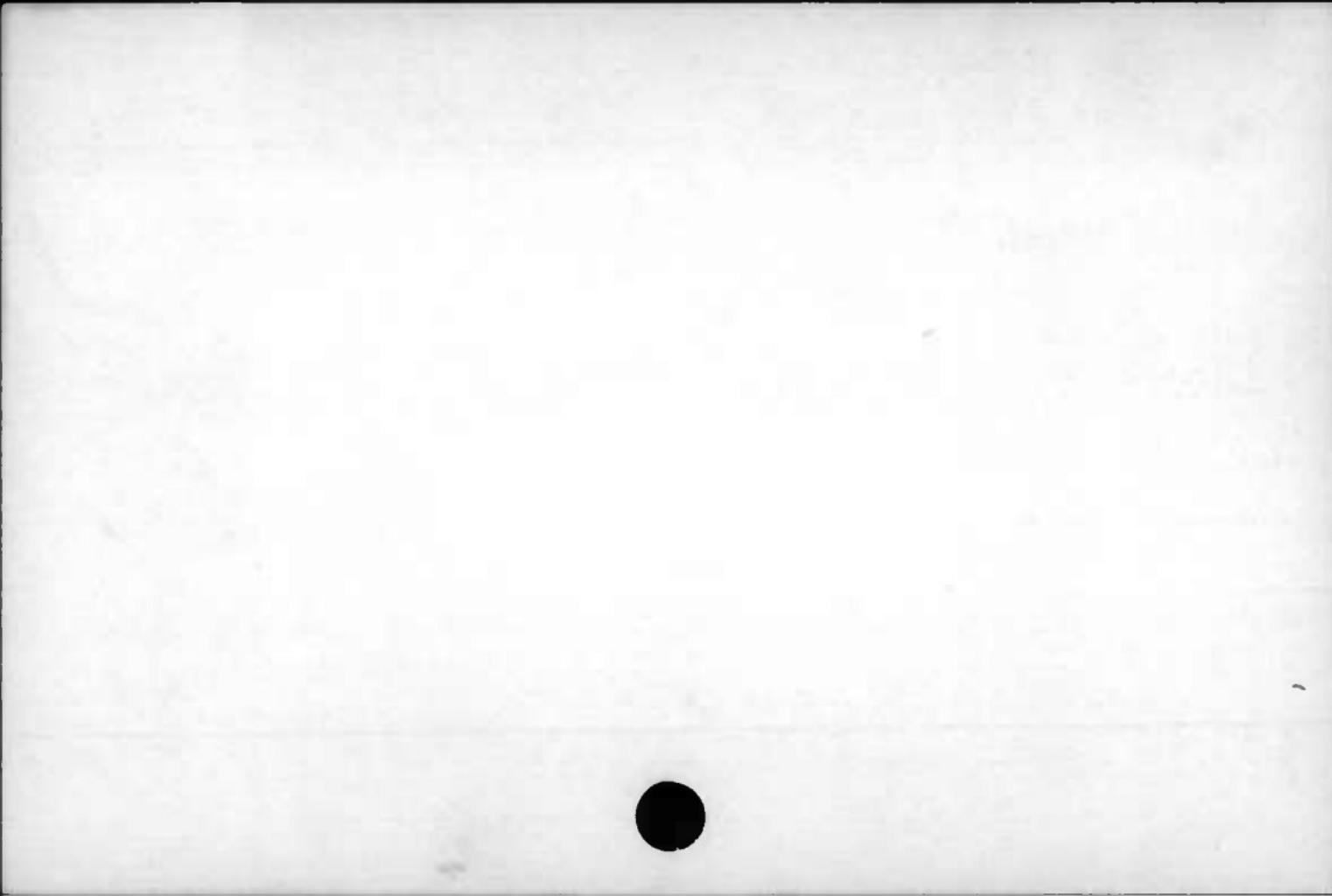
E. C. Kefauver

Address

Thurmont

Maryland

Accident or Suicide?



Name
in
Full

Margaret Elizabeth de Graan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County					
Died near Adams Lick	Fair					
Date of death 1902	Month Oct	Day 14	Age	Years	Months	Days
Sex Female	Color or Race	white	Occupation	Birth-place	MD	
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	Henry de Graan - 51			Father's Birthplace	MD	
Mother's Maiden Name	Ann Myers			Mother's Birthplace	MD	
Name of person giving Information	Ann Myers			How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Macasmus followed by

How long

Since birth

Immediate

Infantile paralysis

How long

12 sec

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Clyde Roelam
Buckley-Town

Accident or Suicide?



Name
in
Full

Paul De Grange

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

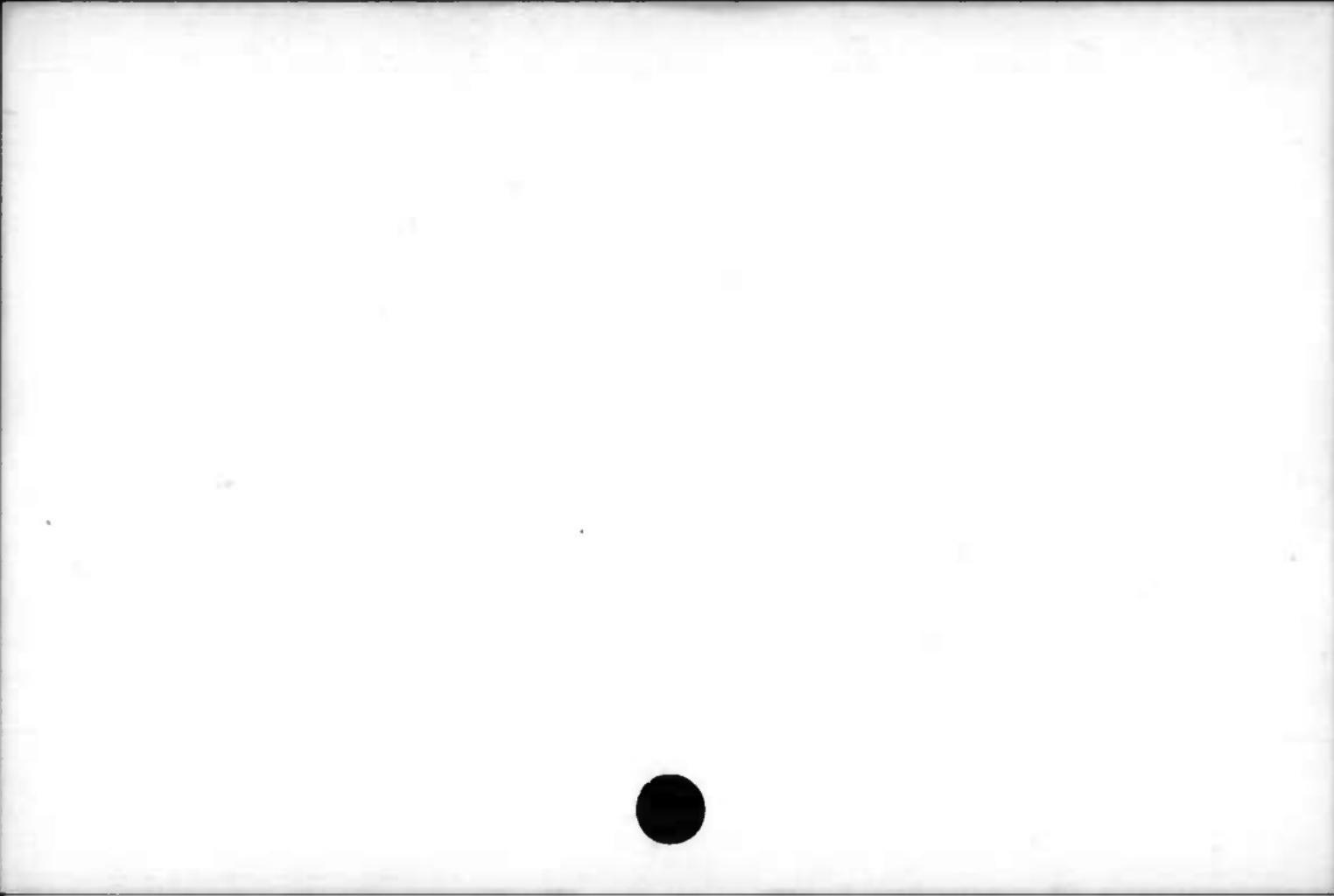
Died <u>near Della</u>	Town	County		<u>Fredrick.</u>		
Date of death 1903	Month Oct	Day 6	Age 10	Years	Months 8	Days 17
Sex Male	Color or Race white	Birth-place		<u>Maryland</u>		
Married, Single or Widowed <u>Sister</u>	Occupation					
Name of Wife or Husband						
Father's Name <u>Henry De Grange</u>	Father's Birthplace		<u>MD</u>			
Mother's Maiden Name <u>Ann Myer</u>	Mother's Birthplace		<u>MD</u>			
Name of person giving information <u>Ann M. De Grange</u>	How related to deceased		<u>Mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Leucæmia</u>	How long	<u>4 m.</u>
Immediate <u>Hemiplegia</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	<u>T. Clyde Kouban</u>
	Address	<u>Buckley Inn</u>

Accident or Suicide?



Name
in
Full

Susan Eichelberger

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Frederick

Town

Frederick

County

MARYLAND

Date
of death

1903

Month

10

Day

2

Years

82

Months

—

Days

—

Age

Age

Birth-
place

Pa

Sex

Female

Color or
Race

White

Occupation

Married, Single
or Widowed

Single

House Keeper

Name of Wife or
Husband

Father's
Name

Adam Eichelberger

Father's
Birthplace

Germany

Mother's
Maiden Name

Name of person giving
Information

Frank Baumer

Mother's
Birthplace

—

How related
to deceased

None

CAUSES OF DEATH

Primary

Old Age

How long

5 years

Immediata

General Debility

How long

Months

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

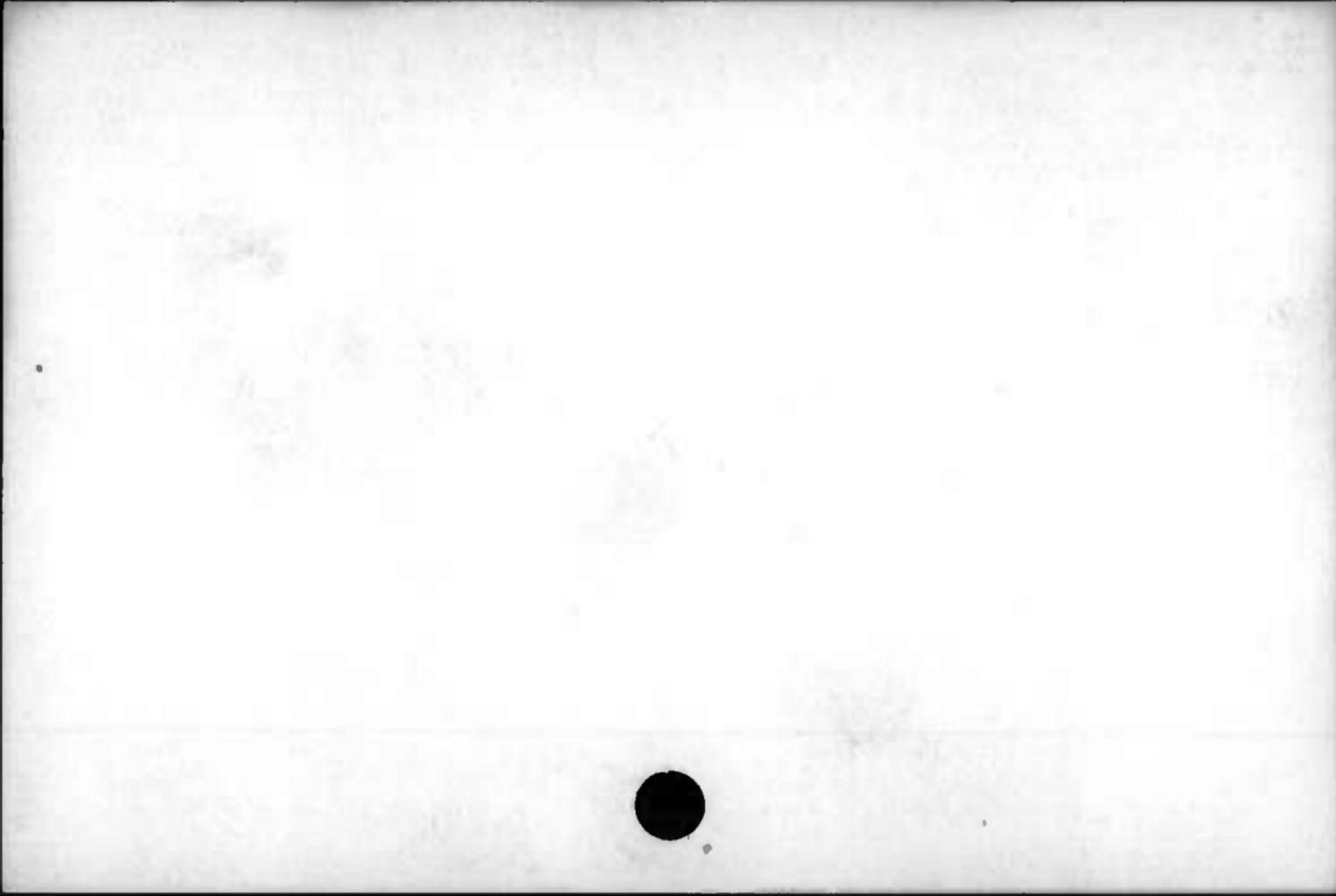
Address

A. T. Rice & Sons

Accident or Suicide?

Funeral Director

PHYSICIAN
OR CORONER



Name
in
Full

Elizabeth A (Schell) Eutz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town Died near Frederick		County Frederick		MARYLAND		
Date of death 1903	Month 10	Day 10	Age 65 Years	Months —	Days —	
Sex Female	Color or Race White	Birth- place Md				
Married, Single or Widowed Widow	Occupation					
Name of Wife or Husband Andrew Eutz						
Father's Name Joseph Schell			Father's Birthplace Md			
Mother's Maiden Name Caroline Ann Gabil			Mother's Birthplace Md			
Name of person giving Information Benjamin Schell			How related to deceased brother			

CAUSES OF DEATH

Primary
(Mitral Insufficiency) Heart
Immediate
Merleat Slush

How long
six months
How long

Are the name, age, sex, color, date
and place correctly given above?

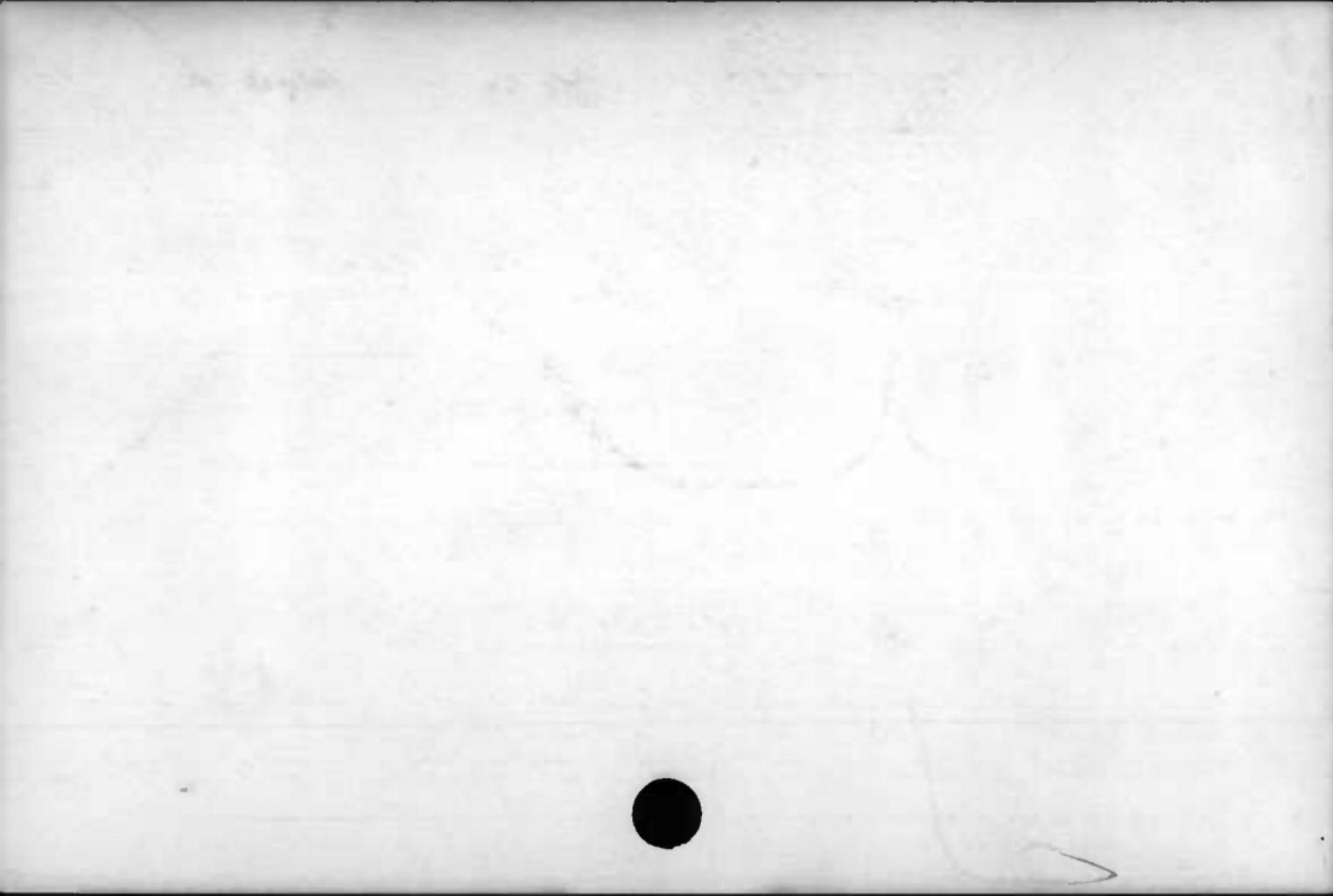
Yes

Signature of
Physician

Address

Wm Crawford Johnson
Frederick Md.

Accident or Suicide?



Name
in
Full

Julia A. R. Etchison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Oct.	Day 21st	Years Age 76	Months 8	Days 24
Sex Female	Color or Race White	Birth- place Frederick Co.			
Married, Single or Widowed Widow	Occupation —				
Name of Wife or Husband J. Garrison Etchison					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information M. R. Etchison	How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Osteo. Sclerosis, Chronic Bronchitis How long 2 weeks
Coronary Insufficiency dealt w/ Heart. How long —

Immediate Asphyxia

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

W.R. Cross

Jopson

Mayland

Accident or Suicide? —

2

Name in Full:

Certificate of Death

Lewis Thomas Etzler

Died at Liberty Town

County

Frd'c

MARYLAND

Date 1903

Month

Day

Y.
18-4-25

M.

D.

Native of
Md

Occupation

Farmer

Male

White

Age
Married

Widow

Divorced

Econis

Gard

Single

Widower

Number of children living

Husband of _____

Wife

Father's Name

Chas E. Etzler / 59 Mother's Name: Florme Appley

Cause of Primary

How long sick

Death Immediate

Bullet wound of brain

Accident, Suicide, Homicide

Reported by

Otis B. Stoice M. A.

Address

Liberty Town Mel.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Chas. Evans.

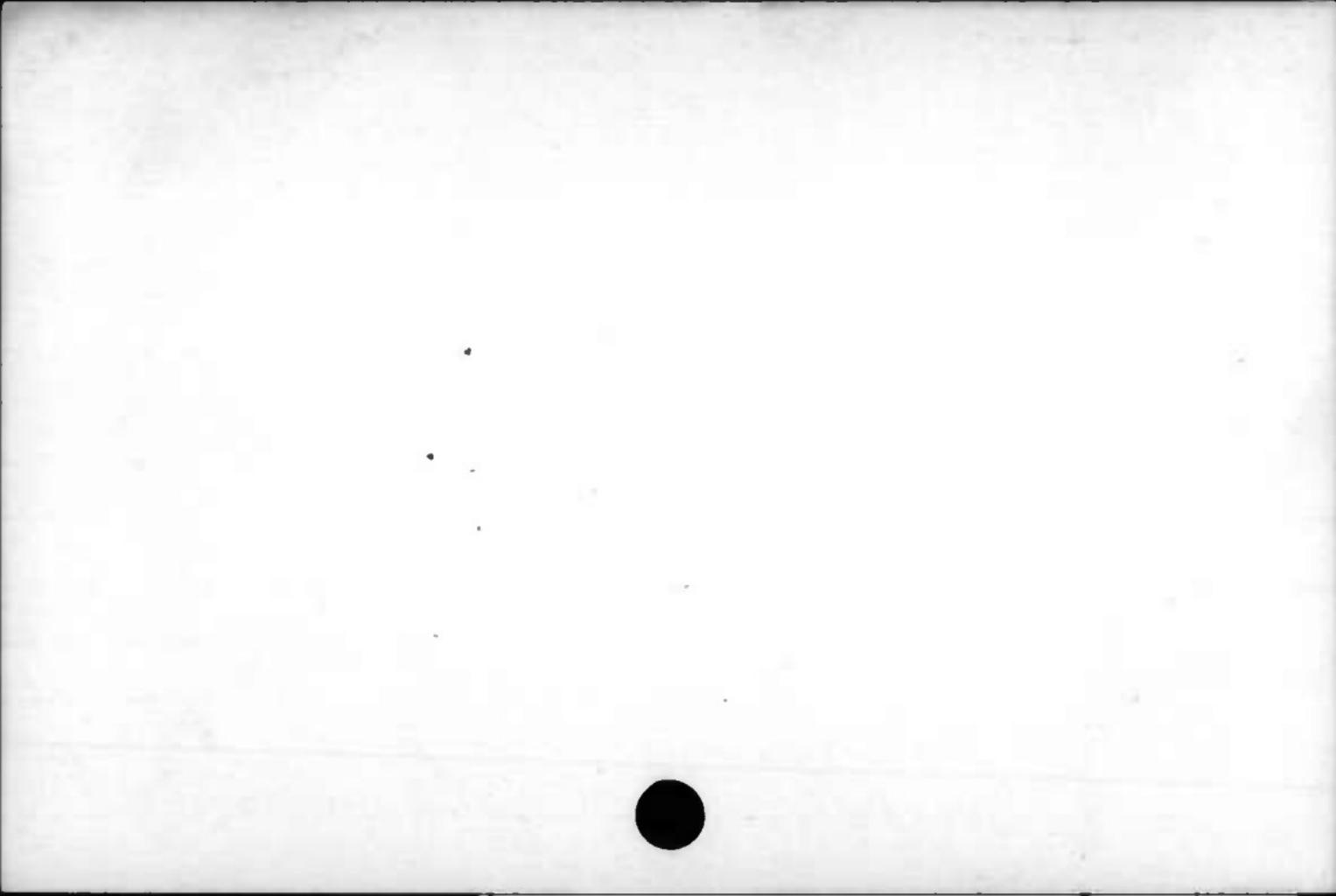
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Halkersville	Frederick			
Date of death 1903	Month 10	Day 7	Age 33	Years	Months Days
Sex male	Color or Race white.			Birth-place	Halkersville.
Married, Single or Widowed	Occupation		Labour		
Name of Wife or Husband					
Father's Name	Father's Birthplace				
Mother's Maiden Name Mary Evans	Mother's Birthplace				
Name of person giving information J. O'licodemus	How related to deceased				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Typhoid fever	How long	4 weeks
	Immediate	intestinal hemorrhage	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. O'licodemus M.D.	
		Address	Halkersville Md.	
Accident or Suicide?				



Name
in
Full

Mary Flork.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Oct.	Day 30	Age 76	Months —	Days 15-
Sex Female.	Color or Race White.	Birth-place Maryland.			
Married, Single or Widowed Widow	Occupation Housewife.				
Name of Wife or Husband John Flork					
Father's Name Henry McBride.	Father's Birthplace Maryland				
Mother's Maiden Name Miss Goodman.	Mothar's Birthplace Maryland				
Name of person giving information John Flork	How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile Heart.	How long	for several years
Immediate	Paralysis of Heart.	How long	immediate.
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	C. H. Scheltrekk.
		Address	Burkittsville Md
Accident or Suicide?			



Name
in
Full

Annie Fowler

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month 6	Day 6	Years 24 Months 8 Days 28
Sex Female	Color or Race black	Birth-place	
Married Wife	Occupation	H. wife	
Name of Wife		Father's Birthplace	X X
Husband		Mother's Birthplace	X
Father's Name	X X X	How related to deceased	Husband
Mother's Maiden Name	X X X		
Name of person giving information	Charles N. Smith		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhus fever

How long

14 days

Immediate

perforation 3 bowel

How long

10 hours

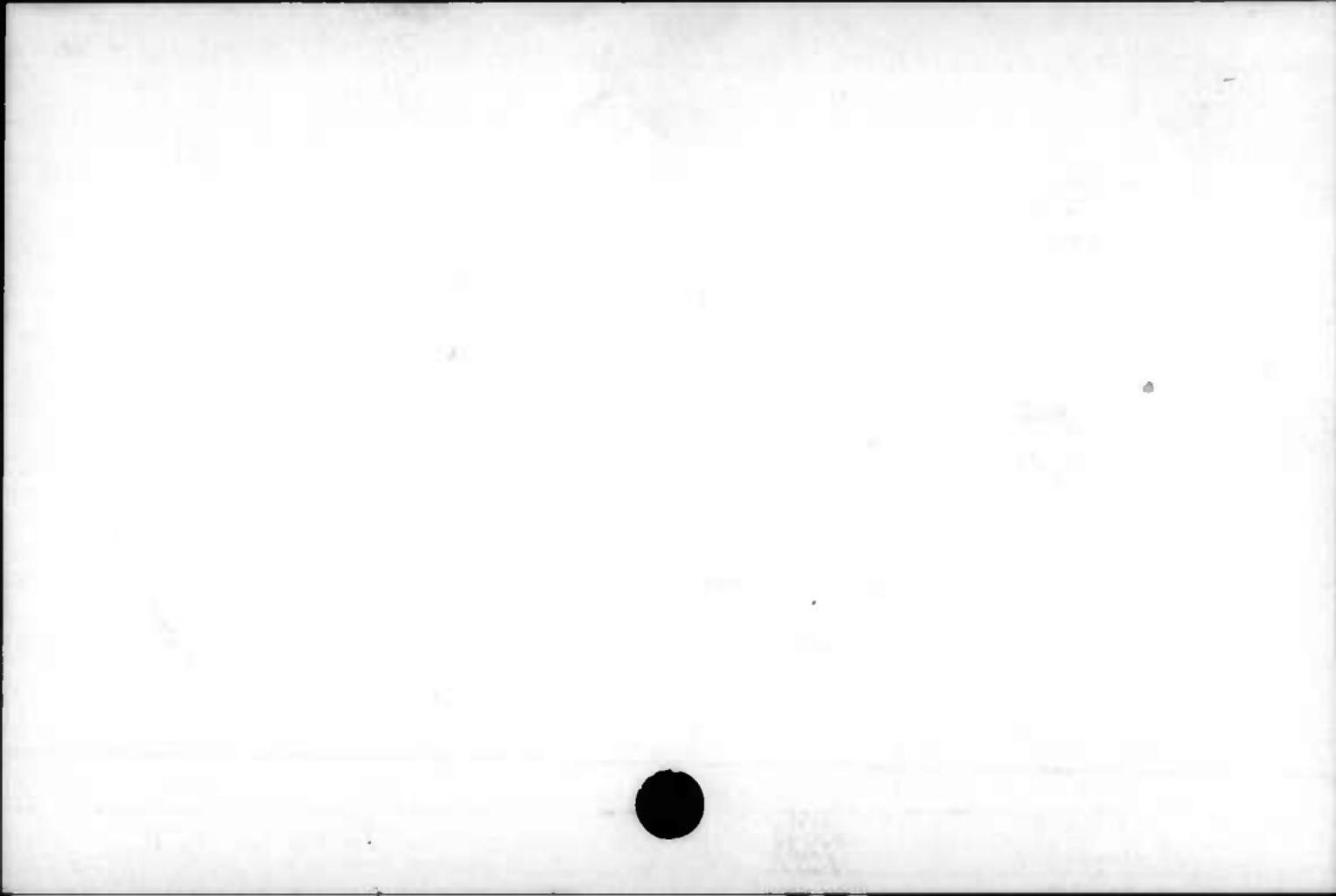
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Guy M.
37 E. Polk St.
city,

Accident Suicide?



Name
in
Full

Fanny Goings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Bartonsville	Frederick				
Date of death 1903	Month 10 th	Day 15 th	Years Age 26	Months	Days
Sex Female	Color or Race Colored	Birth- place Ind			
Married, Single or Widowed Married	Occupation Domestic				
Name of Wife or Husband William Goings					
Father's Name John Goings	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information William Goings	How related to deceased Husband				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Ophthalmia	How long Several months
Immediate	exhaustion	How long Several days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Dr U. J. Brown	
	Address 130 South St -	
Accident or Suicide?		Frederick

Entered at Bartonsville
" Oct 17 - 03

A. T. Rice & Son's.

Elijah Jane Green

Died at Johnsville County Frederick MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1903	Oct.	6	Age 80	+	+	Johnsville	Ind. Housewife
Male	White		Married	Widow		Divorced	
Female	Colored		Single	Widower		Number of children living	5

Husband of Not known Wife
 Father's Name Mother's Maiden Name
 Not known Unknown

Cause of Death	Primary	Infirmities of age	How long sick
	Immediate	Exhaustion	Accident, Suicide, Homicide

Reported by

Thomas P. Sappington M.D.

Address

Unionville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mahlon Grossnickle

Town

Ellerton

County

Frederick

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Date 1903

Oct.

9

70

- 0 - 6

Md.

Occupation

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Sarah Ellen Kisteling

Wife

Mother's

Johnathan Grossnickle

Maiden Name

Mary Hawver

Father's

Name

Cause of

Primary

How long sick

3 yrs

Immediate

Tuberculosis Pulmonis

Accident, Suicide, Homicide

Reported by

Ralph Browning

Address

Myersville

Md.



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Negroiah Green

Town

Pleasant Walk.

County

Fredrick

MARYLAND

Died at

Monthly

Day

Y.

M.

D.

Native of

Occupation

Date 1903.

Oct. 23

Age

57 2-11

Md.

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

7

Husband of

Anna M. Green 

Wife

Mother's

Father's Name

Maiden Name

Julian Alsip.

Cause of Death

Primary

Pneumonia

How long sick

14 days

Death

Immediate

Accident, Suicide, Homicide

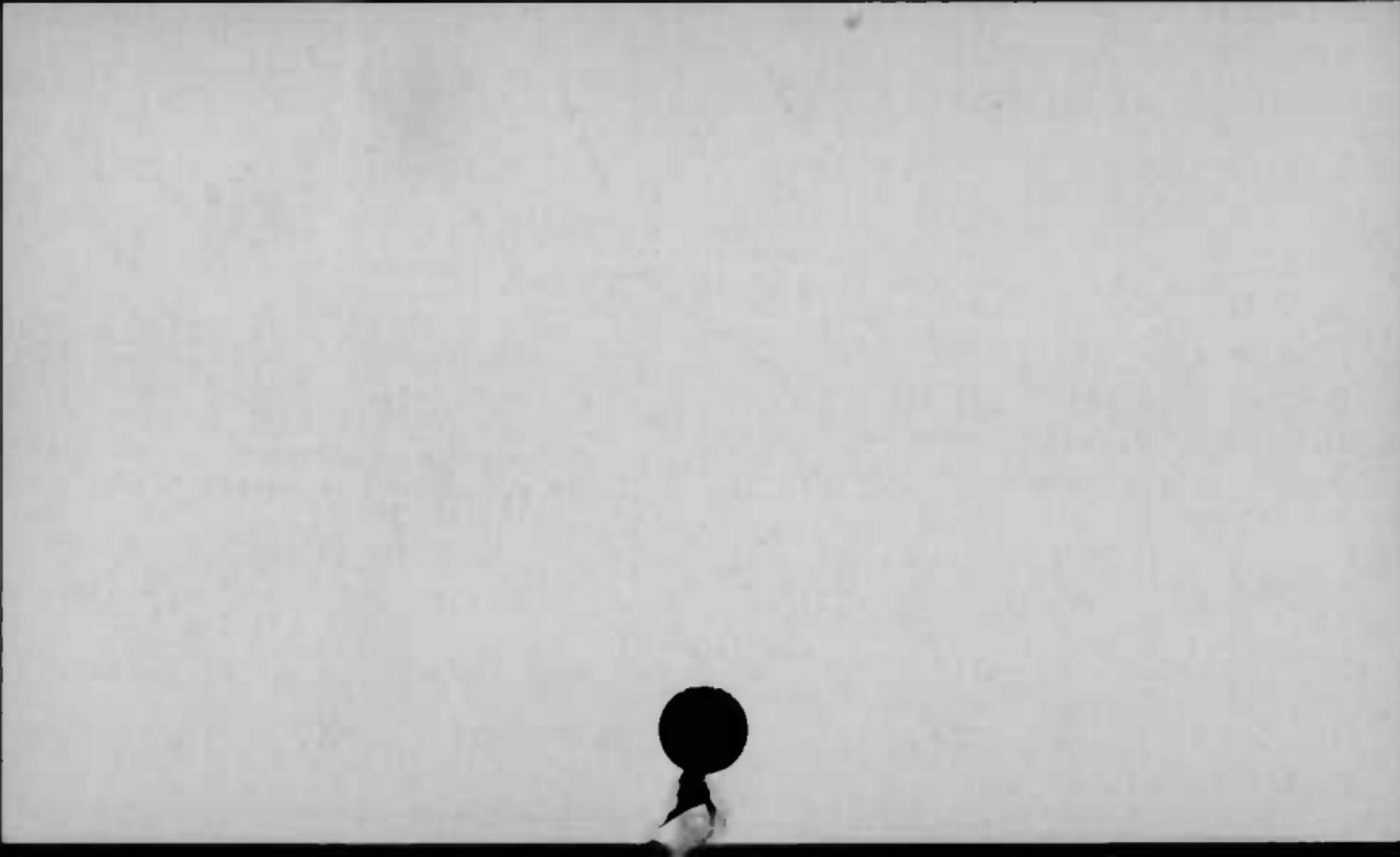
Reported by

Ralph Browning

Address

Myersville Md.

Must be signed by physician, if any in attendance, otherwise by lawyer, undertaker or minister.



Lottie C. Hammond,

Town

Weldon

County

Frederick

MARYLAND

Died at

Date 1893
MaleMonth 10 Dey
WhiteY. M. D.
20-9-17

Native of

Md. Cook.

Occupation

Female

Colored

Single

Widow

Number of children living

Husband
of _____

Wife

Father's

Name

Daniel Hammond

Mother's
Name Margarit Hammond

Cause of

Primary

Consumption

How long sick

3 months

Death

Immediate

Consumption

Accident, Suicide, Homicide

Reported by

J. P. Waltz & Sons - Undertakers

Address

Somfield J Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Wesley Harris

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Della

Town

County

Fred.

MARYLAND

Date

of death 1903

Month Oct

Day 11

Age 2

Years

2

Months

—

Days

—

Sex

Male

Color or
Race

Negro

Birth-
place

Md

Married, Single
or Widowed

Single

Occupation

Name of Wife or
Husband

Father's
Name

Richard Harris Jr

Father's
Birthplace

Md

Mother's
Maiden Name

Boston

Mother's
Birthplace

Md

Name of person giving
Information

Richard Harris Sr

How related
to deceased

Grandfather

CAUSES OF DEATH

Primary

Meningitis following injury to head

How long

4 weeks

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

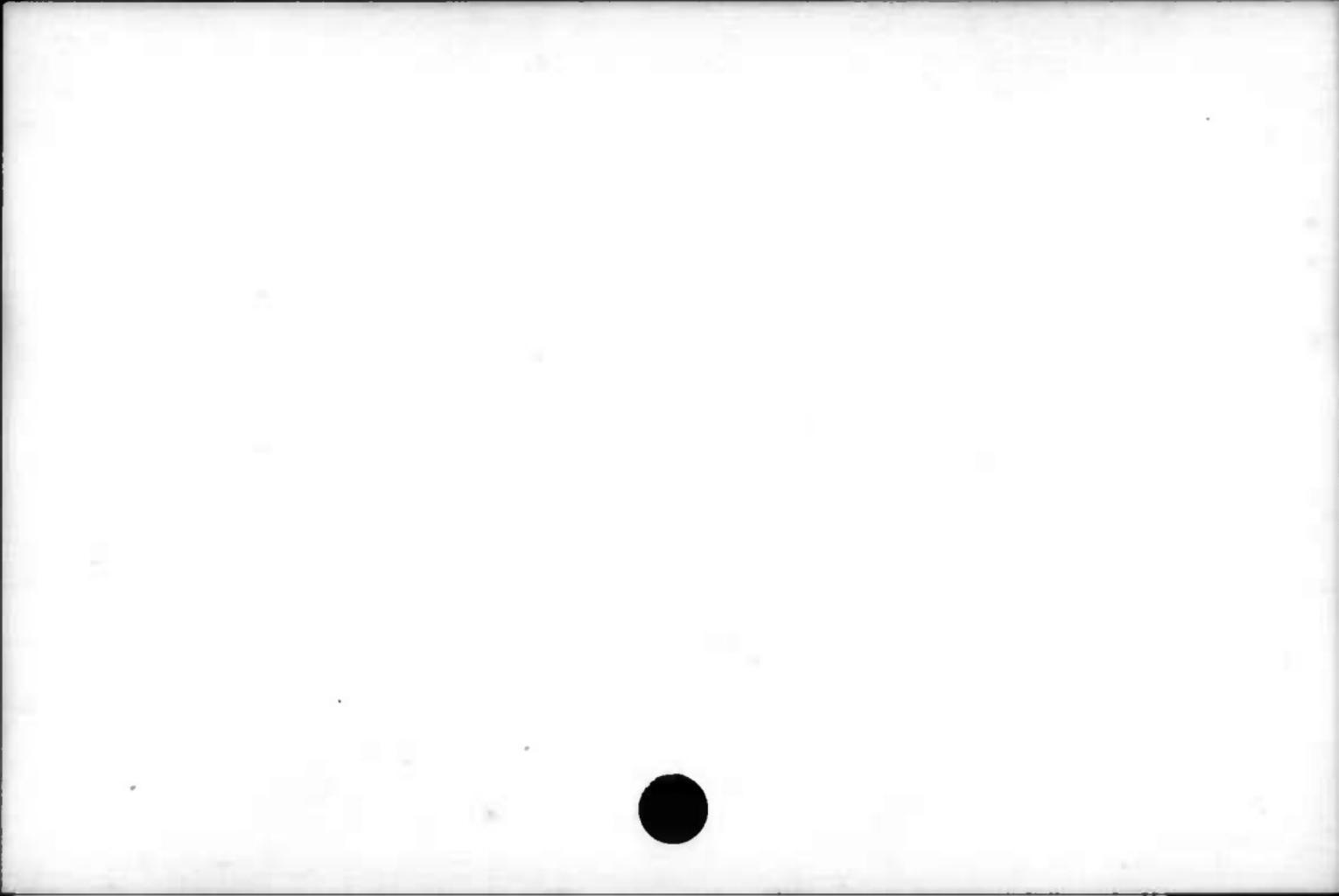
Yes

Signature of
Physician

Address

H. Clyde Routier
Buckeytown Md

Accident or Suicide?



Name
in
Full

John P. Harrison

CERTIFICATE OF DEATH

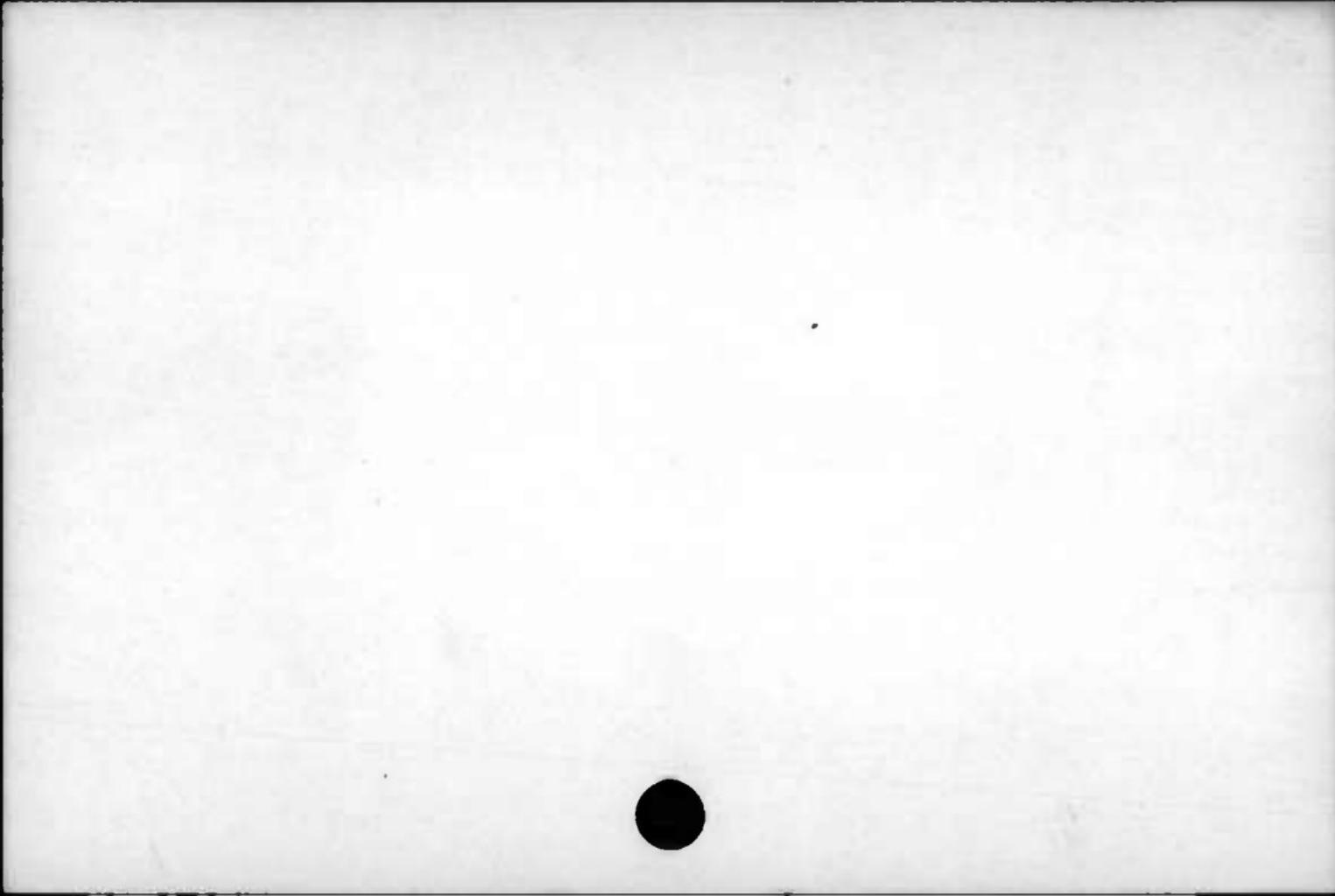
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days		
Sex	Color or Race	Age		Birth- place			
Married, Single or Widowed	Occupation						
Name of Wife or Husband	X						
Father's Name	X	79		Father's Birthplace		V.	
Mother's Maiden Name	X			Mother's Birthplace		V	
Name of person giving Information			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hypertension Mictal		How long
Immediate	Pulmonary Embolus		X 1 month.
Are the name, age, sex, color, date and place correctly given above?	J.P.	Signature of Physician	S. S. Meagward
		Address	17 Second St. W. Frederick Md.
Accident or Suicide?			



Name
in
Full

David Stuffer.

CERTIFICATE OF DEATH

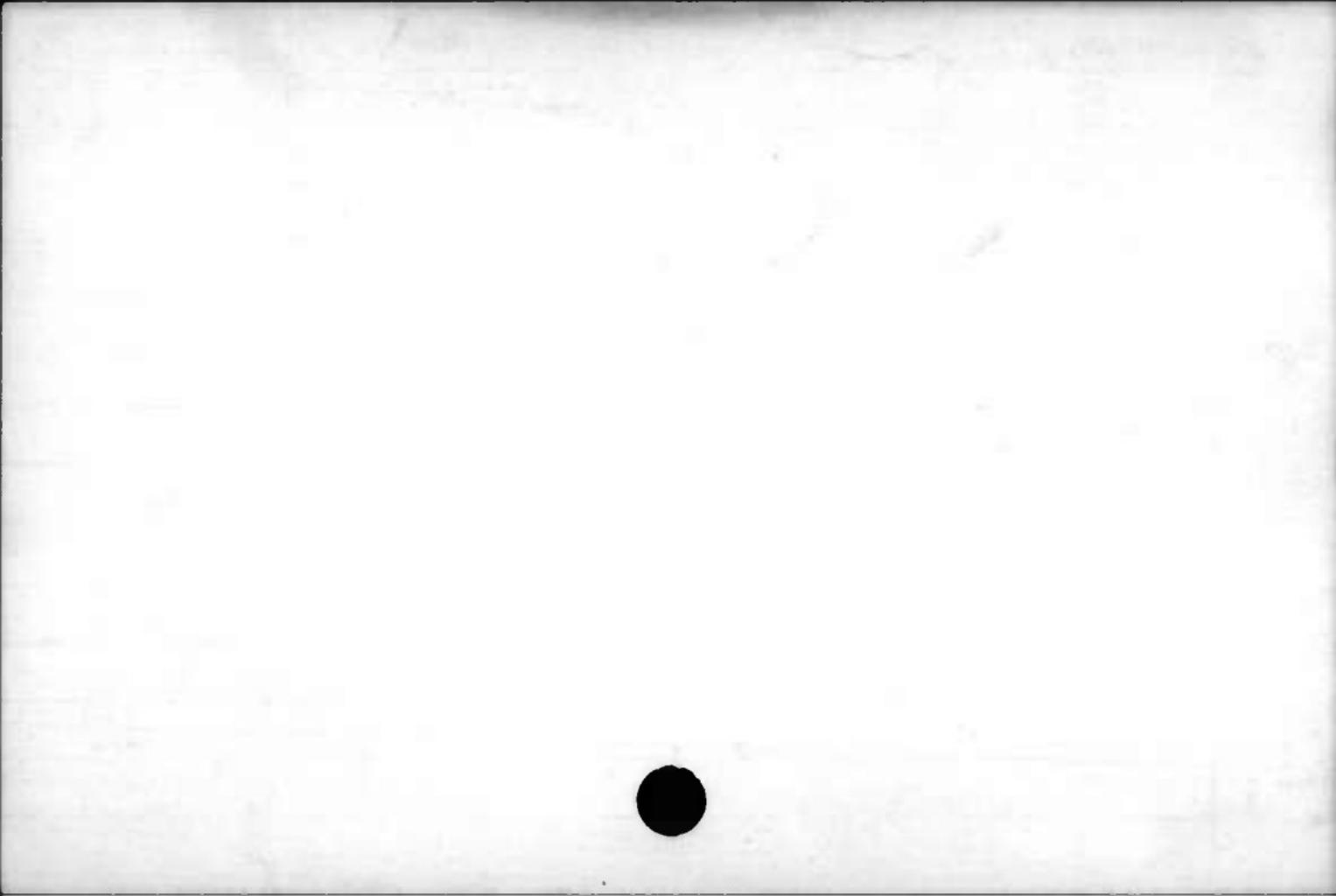
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 1908	Month Oct.	Day 30	Age 80	Years	Months 8	Days 14
Sex Male	Color or Race White	Birth-place Md.				
Married, Single or Widowed Widower	Occupation Retired Farmer,					
Name of Wife or Husband Anna Stuffer.						
Father's Name Joseph Stuffer.	Father's Birthplace Md.					
Mother's Maiden Name Catherine Mullendorf.	Mother's Birthplace Md.					
Name of person giving information Howard Stuffer.	How related to deceased Son.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate Paralysis of Brain.	How long Immediately.
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician Address
Accident or Suicide?	C. H. Schiltz Baltimore. Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Gora Cole Karen					CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND				
Date of death 1903	Month Oct	Day 14	Age 43	Years	Months 8	Days 11	
Sex Female	Color or Race white	Birth-place Maryland	Occupation Housewife				
Married, Single or Widowed married							
Name of Wife or Husband William Karen							
Father's Name Peter White		Father's Birthplace Maryland					
Mother's Maiden Name Sara House		Mother's Birthplace Maryland					
Name of person giving Information William Karen		How related to deceased Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever	How long 3 wks
Immediate	Gastric hemorrhage	How long 3 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Address	George G. Young, M.D. Burkittsville, Md.
Accident or Suicide?		



Name
in
Full

Thomas Kruce

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Frederick	County	Maryland		
Date of death 1903	Month	10	Day	18	Years	78
Sex	Male	Color or Race	White	Occupation	Birth-place	Bd
Married, Single or Widowed						
Name of Wife or Husband	Annie R Kruce					
Father's Name	x	x	64	Father's Birthplace	x	x
Mother's Maiden Name	x	x		Mother's Birthplace	x	x
Name of person giving information	Annie R Kruce			How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

apoplexy

How long

1 hour

Immediate

anemia

How long

x x 1

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Nelson F Young
37 E Palms Rd.
Frederick Md.

Accident or Suicide?



Name
in
Full

James King Jr

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Brunswick	Frederick		
Date of death 1903	Month Oct	Day 18	Years 19
Age	Months	Days	
Sex Male	Color or Race colored	Birth-place Md	
Married, Single or Widowed Single	Occupation Laborer		
Name of Wife or Husband			
Father's Name James King Jr	Father's Birthplace Md		
Mother's Maiden Name Caroline V Jackson	Mother's Birthplace Md		
Name of person giving information Caroline V King	How related to deceased mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Gun shot

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A.G. Horine
Brunswick Md

Accident or Suicide?

accident



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Margaret V. Kolb.

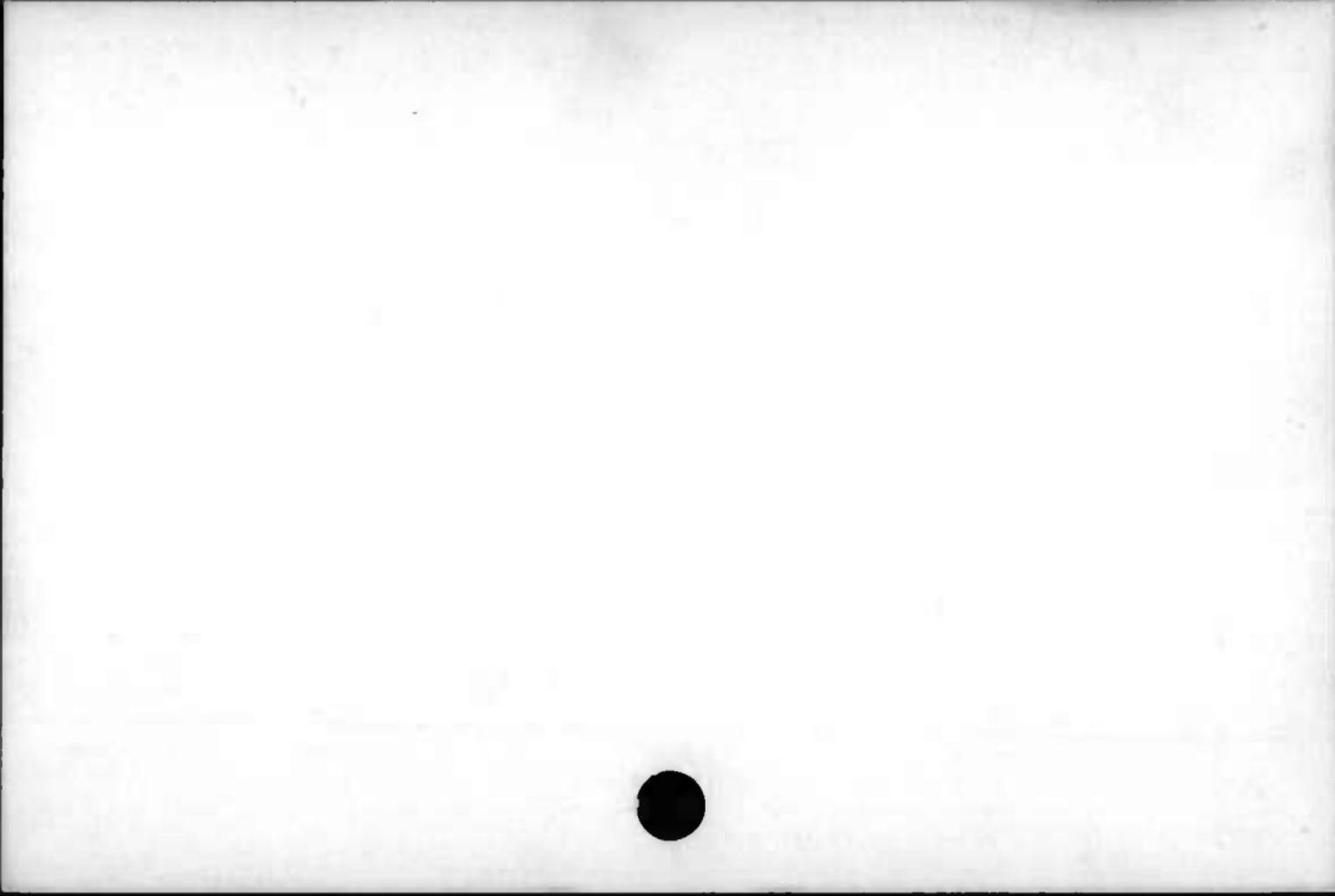
CERTIFICATE OF DEATH

Died at <u>Maryland</u> Town		<u>Frederick</u> County		MARYLAND	
Date of death 1903	Month Oct.	Day 29th	Years	Months 4.	Days
Sex Female	Color or Race	Caucasian		Birth-place	<u>Frederick Co Md.</u>
Married, Single or Widowed	Occupation		—		
Name of Wife or Husband	—		—		
Father's Name	<u>Mary G. Kolb.</u>		Father's Birthplace <u>Md.</u>		
Mother's Maiden Name	<u>Mary V. White</u>		Mother's Birthplace <u>Md.</u>		
Name of person giving Information	<u>Samuel Kolb.</u>		How related to deceased Uncle		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Acute Bronchitis.</u>	How long	<u>2 weeks</u>
Immediate	<u>Cerebro Spinal Meningitis</u>	How long	<u>1 week.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Frank Hedges M.D.</u>
		Address	<u>Frederick Md.</u>
Accident or Suicide?			



Name
in
Full

John Little

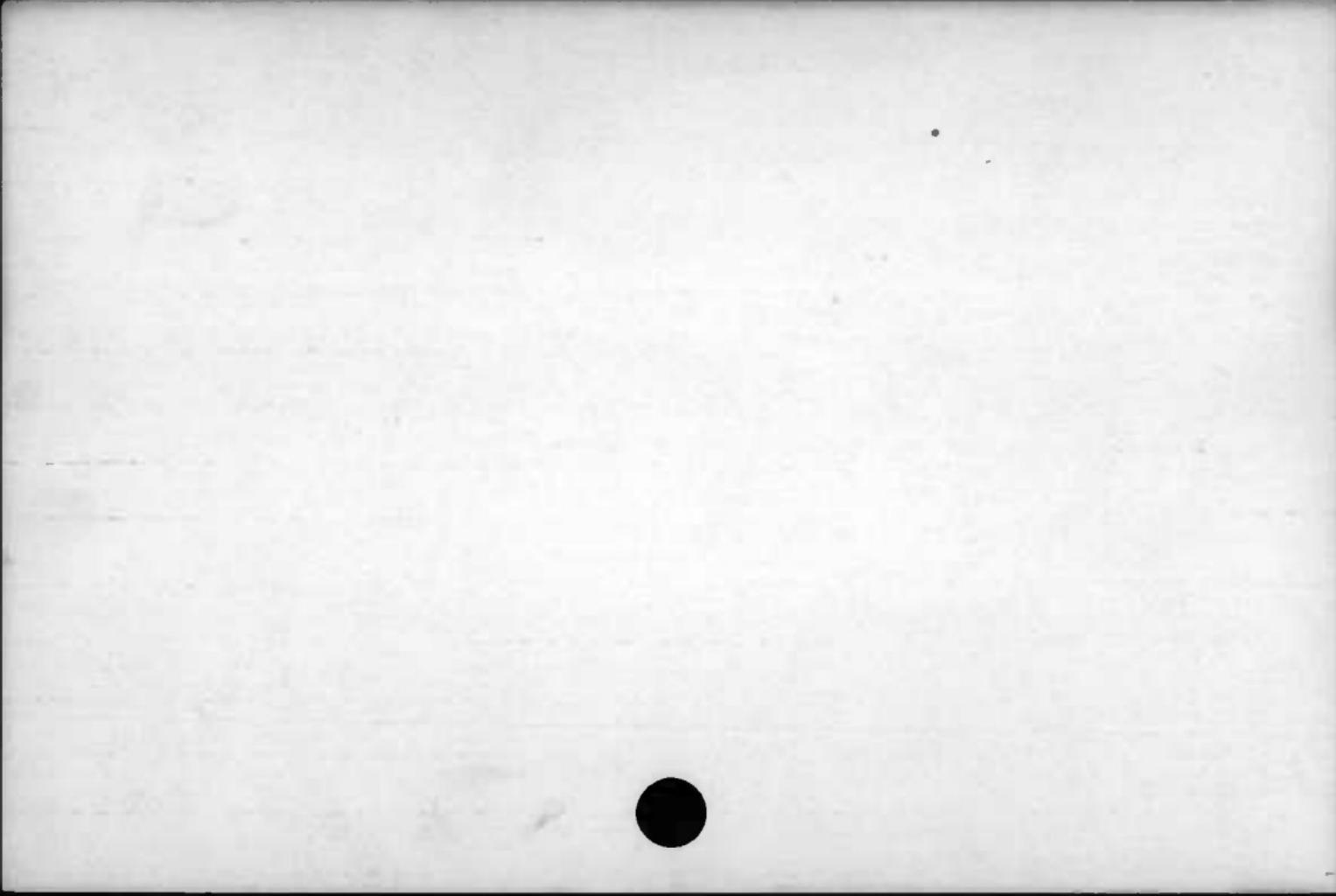
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Oct	Day 30	Age 73.	Years	Months Days
Sex Male	Color or Race White	Occupation Laborer	Birth- place Maryland		
Married, Single or Widowed Married	Name of Wife or Husband Philomena O'Brien		Father's Name Henry Little	Father's Birthplace Maryland	Maryland
Father's Name	Mother's Name Elizabeth Barry		Mother's Birthplace Maryland	Maryland	
Mother's Maiden Name	Name of person giving Information Bernard Little		How related to deceased Son		

CAUSES OF DEATH

Primary	Tuberculosis	How long Two weeks
Immediate	Froggy Heart	How long over all
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John B. Brauner, M.D.
		Address Eminitsburg, Md
Accident or Suicide?		



Name
in
Full

Jessie Littles

CERTIFICATE OF DEATH

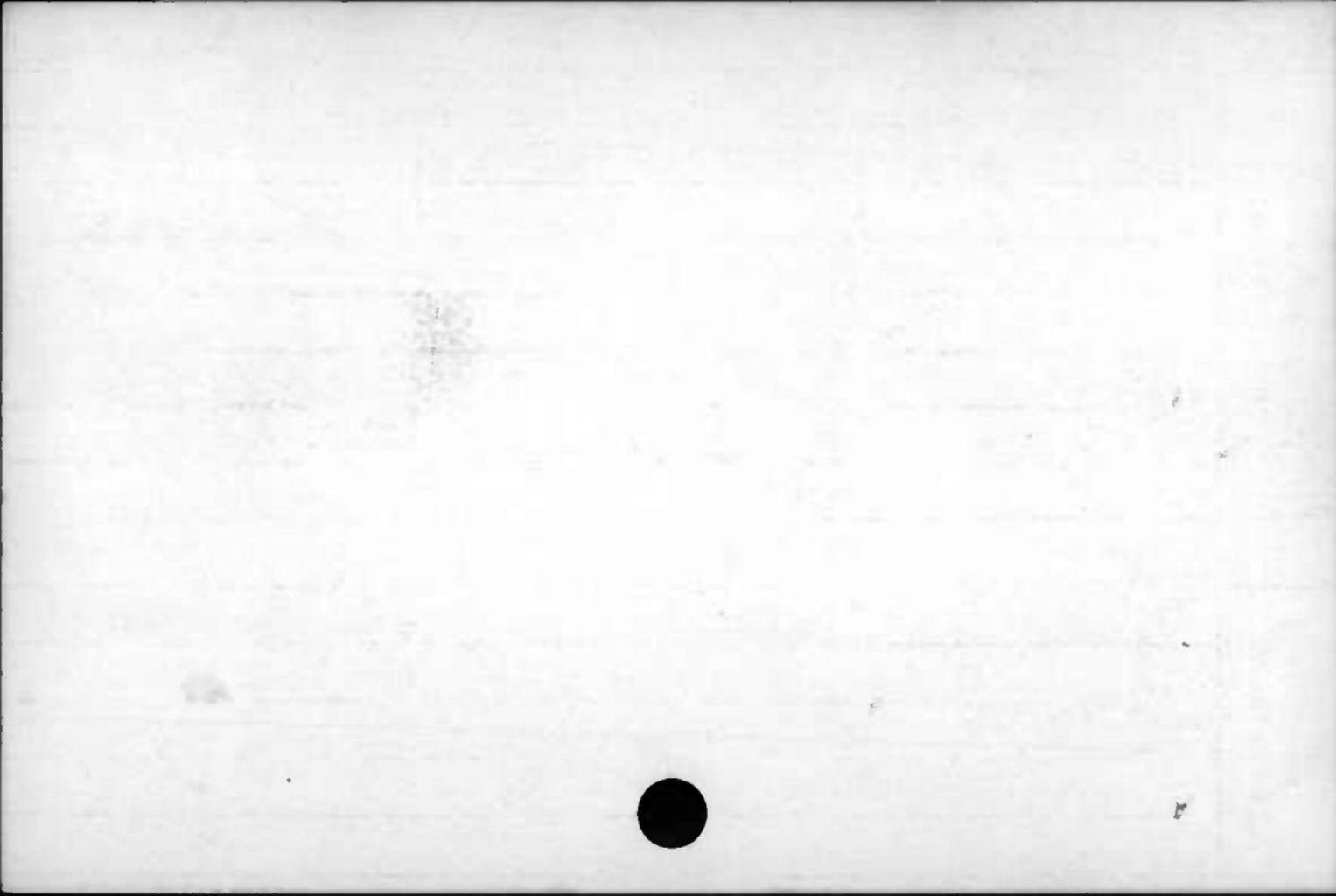
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Tow. <u>Bartholows</u>	County	MARYLAND
Date of death	Month 1903	Day 10	Years 26
Age	Months	Days	
Sex	Female	Color or Race	<u>Black</u>
Birth- place	<u>Fred. Co. Md.</u>	Occupation	<u>Laborer</u>
Married, Single or Widowed	<u>Single</u>		
Name of Wife or Husband			
Father's Name	<u>Afton Littles</u>	Father's Birthplace	<u>Fred. Co. Md.</u>
Mother's Maiden Name	<u>Martha Dorsay</u>	Mother's Birthplace	<u>Carrol Co. Md.</u>
Name of person giving Information	<u>Afton Littles</u>	How related to deceased	<u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>A fall resulting in Gluteal Abscess.</u>	How long <u>6 weeks.</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>Howard H. Hopkins Jr</u> Address <u>New Market</u>
Accident or Suicide?	<u>no</u>	<u>Maryland.</u>



Laney

Died at	Town	Frederick.	County	"	MARYLAND		
Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	10	24	-	3	22	md	x
Male	White	Age	Married	Widow	Divorced		
Female	Colored	Single		Widower	Number of children living		
Husband	of	X					
Wife							
Father's	Joseph Laney			Mother's		Louisa W Harrison	
Name				Name			
Cause of	Primary	Dystoxia - Measles			How long sick		
Death	Immediate	Exhaustion			Accident, Suicide, Homicide		
Reported by	C. F. Grossell. md.						
Address							

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full:

Certificate of Death

Helen Luccallett

Died at Town Liberty Town County Fredk MARYLAND

Died at	Month Oct	Day 31	Y. 7	M. 24	D. nd	Native of	Occupation
Date 1903	White		Age	Married	Widow	Divorced	
Female	Single		Widower			Number of children living	

Husband of

Wife

Father's

Name

Harry G. Luccallett Elta Evers

Mother's Name

Cause of Death	Primary Chronic Intestinal Indigestion	How long sick	3 mos
	Immediate Meningitis		Accident, Suicide, Homicide

Reported by

Ois B. Stone

Address

Liberty Town Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Adele M. Lowe

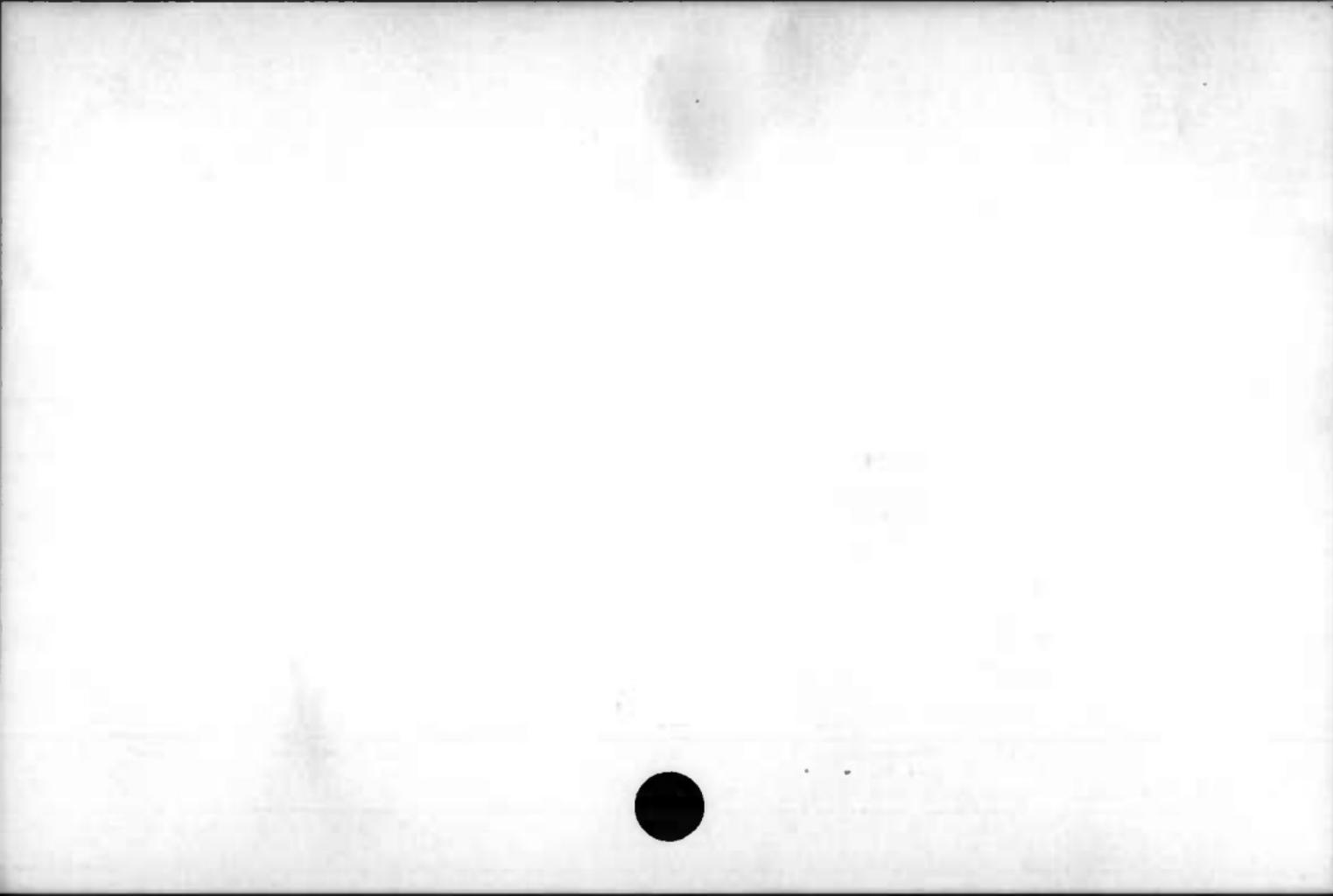
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1903	Month Oct	Day 17	Years 21	Months 1 Days
Sex Female	Color or Race white	Birth-place Frederick		
Married, Single or Widowed —	Occupation			
Name of Wife or Husband —				
Father's Name Harry O McLain 28	Father's Birthplace Frederick Md.			
Mother's Maiden Name Georgina Stue	Mother's Birthplace "			
Name of person giving Information Georgina Stue	How related to deceased mother			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Tubercular Meningitis	How long 13 ¹ /2 days.
	Immediate Epileptoid & Paroxysm	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W.G. McComas
		Address Frederick Md.
Accident or Suicide?		



Name in Full

Certificate of Death

William Frock

Town

County

Died at Middletown Frederick MARYLAND

Date of death	Month	Day	Y.	M.	D.	Native of	Occupation
1903 Oct 1			50	3	18	Frederick	Cemetery and undertaker
Male	White		Age	Married		Widow	Divorced
Female	Black					Widower	Number of children living
							6

Husband

of

Elizabeth Florence Wesc

Father's

Name

Thomas Frock

Mother's

Name

Ann Elizabeth Finley

Cause of

Primary

Pulmonary Tuberculosis about

How long sick

three years

Death

Immediate

General exhaustion

Accident, Suicide, Homicide

Reported by

A. Beckley Jr. D

Address

Middletown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

John W. Mahoney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month Oct.	Day 13	Years	Months 3	Days
Sex Male	Color or Race Black	Occupation married	Birth- place Frederick		
Married, Single or Widowed Married					
Name of Wife or Husband					
Father's Name	151			Father's Birthplace	
Mother's Maiden Name Grace Mahoney				Mother's Birthplace Frederick	
Name of person giving Information Mother				How related to deceased	

CAUSES OF DEATH

Primary	Paroxysmal Cough Pneumonia	How long 3 mo.
Immediate	Double pneumonia	How long 3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Address Finsch Hedges Frederick
Accident or Suicide?		



Name in Full

Certificate of Death

Josiah R. Manken

Town

Frederick

County

Frederick

MARYLAND

Died at

Date 1903

Month Oct.

Day 4

Y. M. D.

Native of

Occupation

Male

White

Age 78. - -

Widow

Woessville Md. Retired

Female

Colored

Married

Widower

Divorced

Number of children living

3

Husband of

Wife

Elvie Burkman

X

Father's Name

John Manken

Mother's

Martha Recker

Maiden Name

Cause of Death

Primary

Senility

How long sick

18 months

Death

Immediate

Cardiac Asthenia

Accident, Suicide, Homicide

Reported by

Salmon M. D.

Address

178 2nd St.

Must be signed by physician, if any in attendance, otherwise Coroner, undertaker or minister.



Name
in
Full

Robert Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days	
Male		Color or Race	Black	Birth-place Dorchester Co Md		
Married, Single or Widowed		Occupation				
Name of Wife or Husband		X	19.			
Father's Name		X		Father's Birthplace	X	
Mother's Maiden Name		X		Mother's Birthplace	Y	
Name of person giving Information		Oscar Cullen.				
CAUSES OF DEATH						
Primary	Epilepsy					How long
Immediate	Convulsions					Epilepsy
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		How long		
		S. J. Hagnard.		2 days.		
		Address		17 Second St W. Frederick Md.		
Accident or Suicide?						

PHYSICIAN
OR CORONER



Name
in
Full

Mary E. Peters

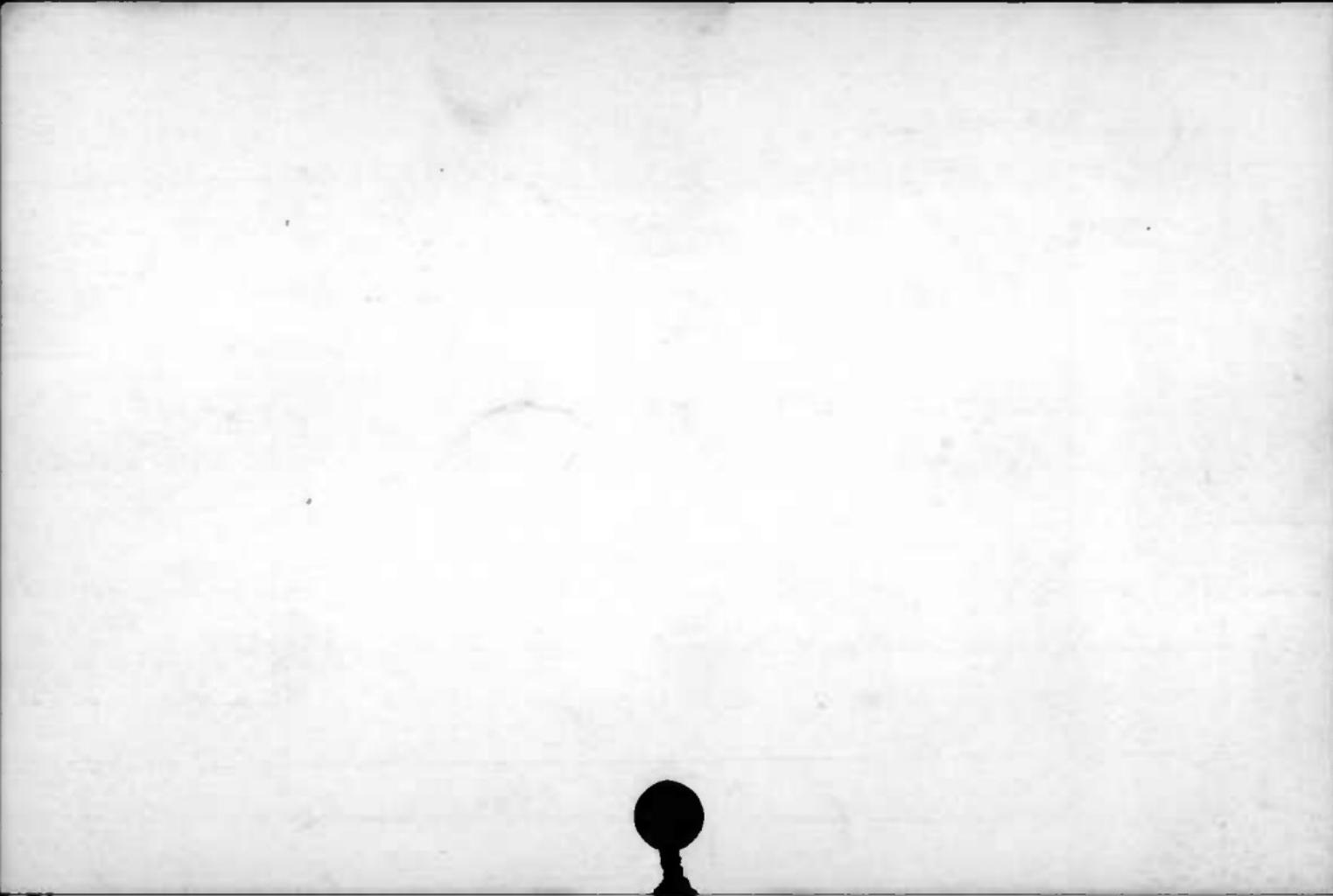
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Married, Single or Widowed		Occupation		Name of Wife or Husband		
Father's Name	George Blessing		Father's Birthplace		Jefferson, Md.	
Mother's Maiden Name	Sarah Otto 79		Mother's Birthplace		Rocky Ridge	
Name of person giving information	George Peters		How related to deceased		Sohn	
CAUSES OF DEATH						
Primary	Heart disease			How long		Several years.
Immediate	Heart disease			How long		24 hours.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Address
Dr. H. Beall, M.D. Libertytown, Md.	
Accident or Suicide?	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Samuel Preyor				CERTIFICATE OF DEATH		
Died at Hopville		Town	County Frederick		MARYLAND	
Date of death 1903	Month Oct	Day 5 th	Years 81-1	Months 4	Days 14	
Sex Male	Color or Race	White		Birth-place Maryland		
Married, Single or Widowed	Occupation	Married Farmer				
Name of Wife Husband	Dorothy Wolf		V			
Father's Name	Peter Preyor 40		Father's Birthplace			
Mother's Maiden Name	Mary Hays.		Mother's Birthplace			
Name of person giving information	Wilson Preyor		How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Carcinoma of stomach

How long

6 months.

Immediate

How long

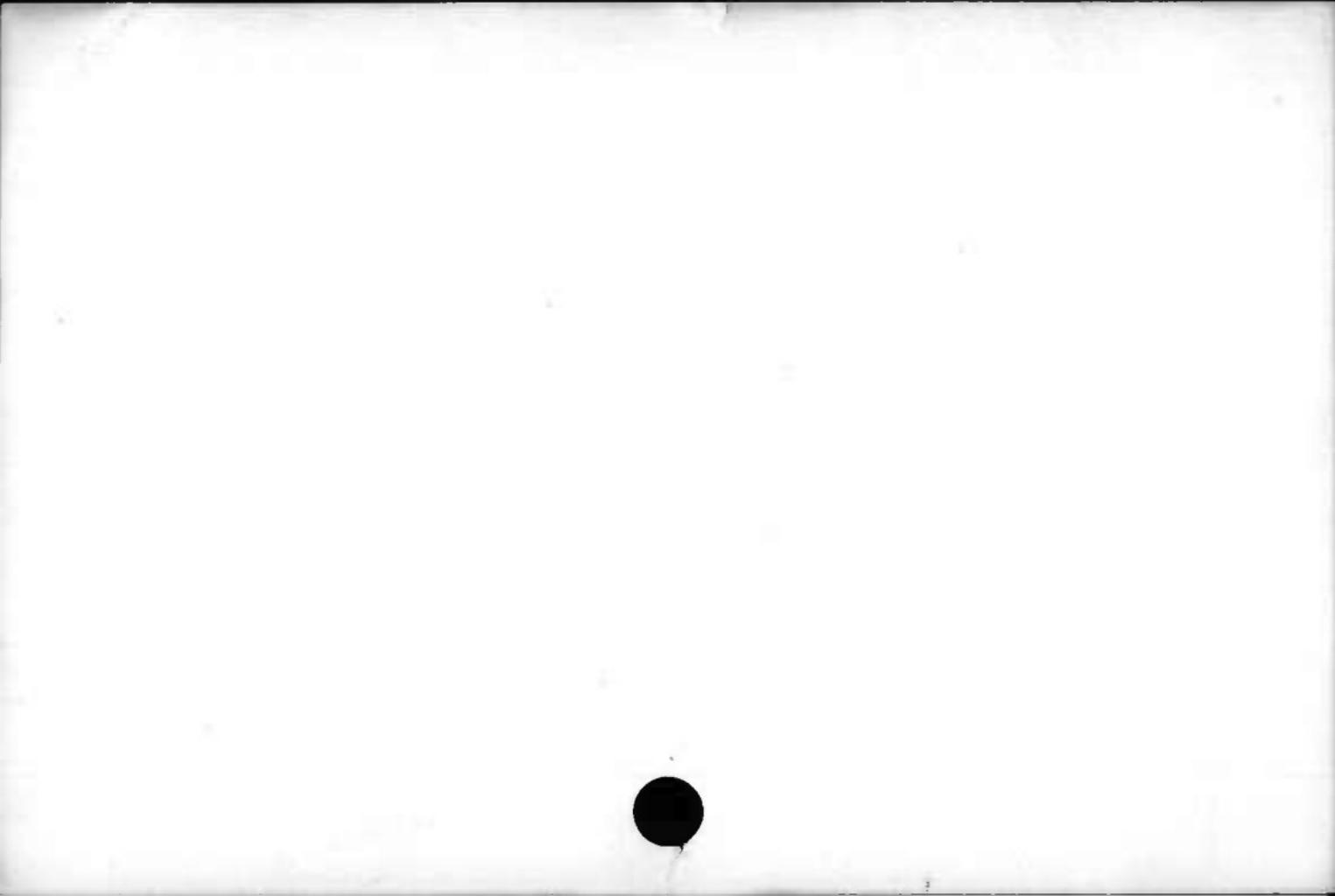
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. C. Kefauver
Thurmont Md.

Accident or Suicide?



Name
in
Full

Alra J. Pamphrey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>near Luckville</u>	Town	County	MARYLAND		
Date of death 1903	Month Oct	Day 10	Years 28	Months	Days
Sex Female	Color or Race white	Occupation Housewife	Birth-place Va		
Married, Single or Widowed Married					
Name of Wife or Husband John W Pamphrey					
Father's Name	Wrightwood	Age 38	Father's Birthplace Va		
Mother's Maiden Name	-		Mother's Birthplace Va		
Name of person giving information	John W Pamphrey		How related to deceased Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Eclampsia	How long	6 mos
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. Clyde Routon
		Address	Buckeystown, Md
Accident or Suicide?			



Name
in
Full

Sesanna M. Rice.

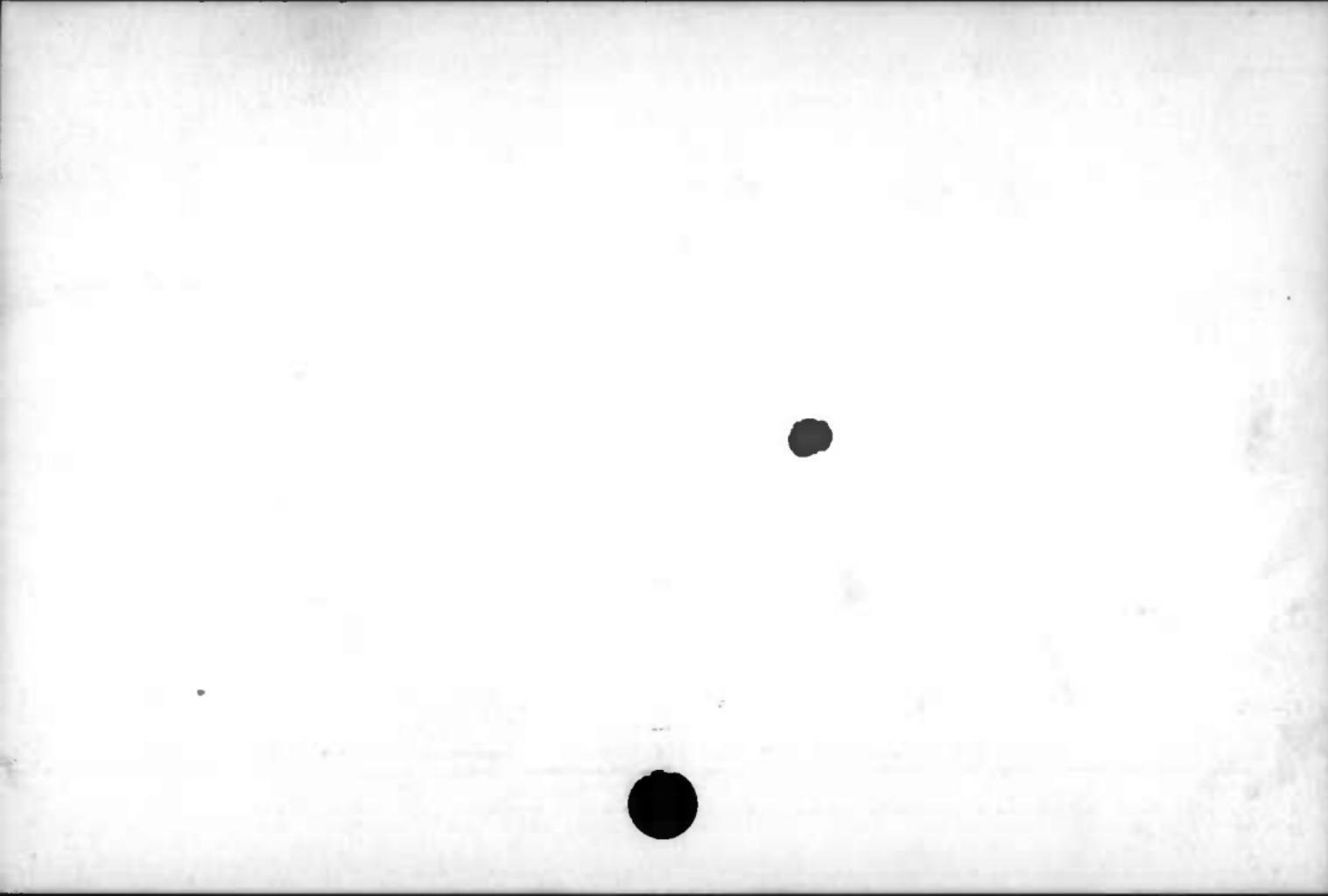
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 10	Day 27	Years 66	Months 9	Days 21
Sex Female	Color or Race White	Birth-place City			
Married, Single or Widowed	Occupation	Single domestic			
Name of Wife or Husband					
Father's Name	Grafton J. Rice 20				
Mother's Maiden Name	Margaret Birley				
Name of person giving Information	M. L. Rice				
Father's Birthplace City					
Mother's Birthplace "					
How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Interstitial Nephritis	How long	Unknown
	Immediate	Morenia	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Salomon M.D.	
		Address	17 E 2nd St.	
Accident or Suicide?				



Name In Full

Certificate of Death

Mary Catham Roberts

Town

County

Died at

Lemont

Frank

MARYLAND

Month

Day

Y.

M.

D.

Native of

Date 1903

Oct

1

Age

72

- 6 - 8

Maryland

Occupation

 Male

White

 Married

Widow

 Divorced Female

Colored

 Single

Widower

Number of children living

5

Husband

of Michael Roberts

Wife

Father's

Name

Cause of

Primary

How long

6 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

E. May Jr.

Address

Lemont

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

J. C. Rudy

Town

County

Died at Middletown

Livedenck

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	Oct	2	66	8	10	Ind	Merchant-
Male	White		Married	Widow		Divorced	
Fem	Caucasian		Sing	Widower		Number of children living	5

Husband of

Father's

Name

Hansau J Rudy

Mother's

Name

Aure Cathomis Sloper

Cause of

Primary

Cerebral hemorrhage

How long sick

7 days

Death

Immediate

Paralysis

~~Accident Suicide, Homicide~~

Reported by

E L Beckley Dr. D.

Address

Middletown Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

H C Gute -
undertaker

Name
in
Full

Barbara Ann Seadden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Frederick			MARYLAND							
Died at	Pleasant-Walk	Month	Oct	Day	5	Years	65	Months	—	Days	—
Date of death 1903	Age	Occupation	Birth-place	Wolftown							
Sex female	Color or Race	white									
Married, Single or Widowed	Married	—	—	—							
Name of Wife or Husband	Barbara	Seadden									
Father's Name	Henry Smith	79	Father's Birthplace	Wolfville.							
Mother's Maiden Name	Frances Snopes		Mother's Birthplace	do.							
Name of person giving information	John Seadden		How related to deceased	Husband							
CAUSES OF DEATH											
Primary	Valvular Disease of Heart-			How long	3 Years						
Immediate	"	"	"	How long							

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

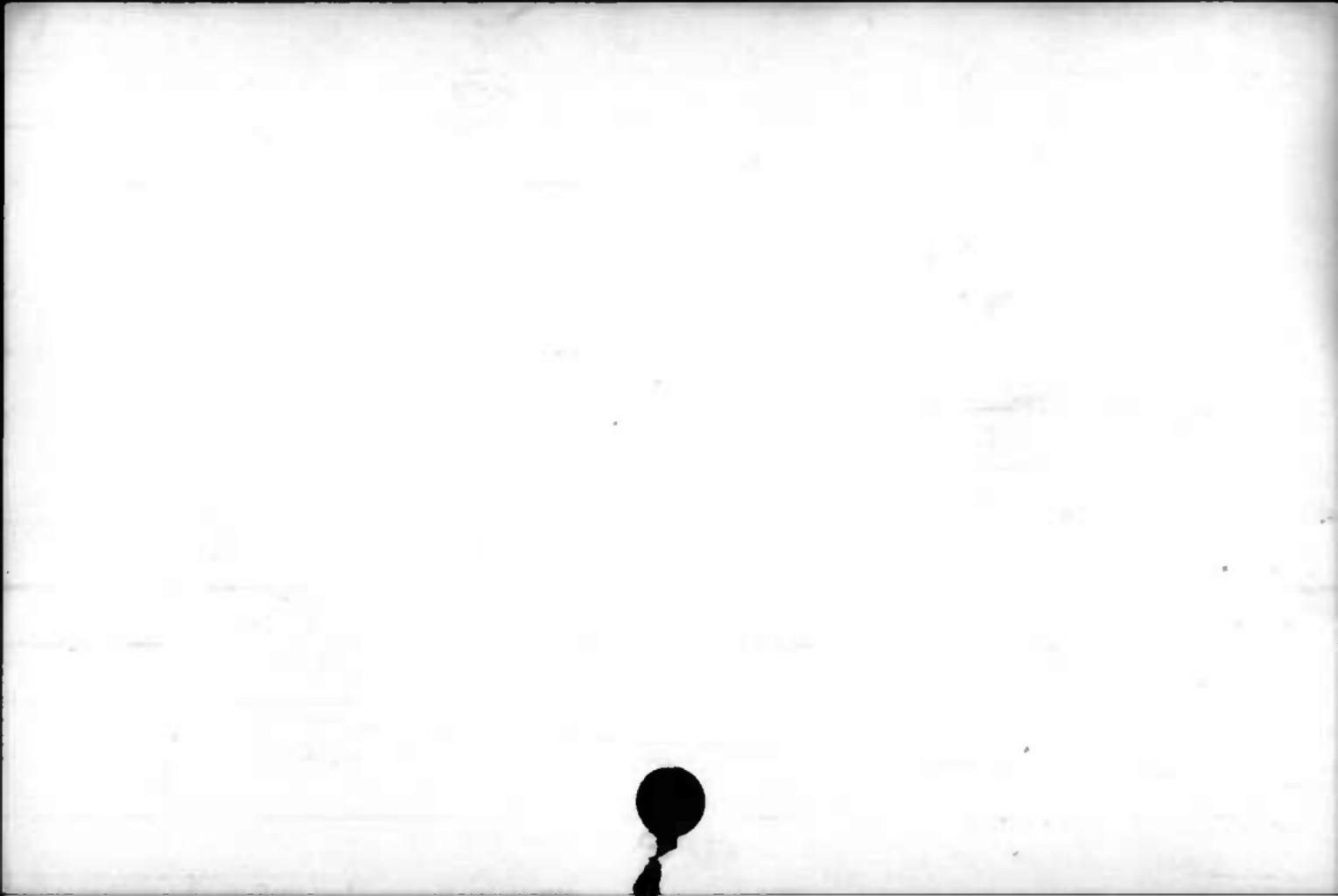
W.B. Wheeler & Son W.C.W

Address

Brownsville Washington Co.

Illinoiania

Accident or Suicide?



Name
in
Full

David Luther Schaeffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Oct	Day 16	Years 71	Months 7	Days 28
Sex Male	Color or Race White	Birth-place Frederick County			
Married, Single or Widowed Married	Occupation Retired Farmer				
Name of Wife or Husband Eliza Ann Thomas	Father's Birthplace Frederick Md				
Father's Name Adam Schaeffer	Mother's Birthplace " "				
Mother's Maiden Name Elizabeth Penn	How related to deceased Wife				
Name of person giving information Mrs Eliza Ann Schaeffer					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paroxysms How long

Immediate " How long

Are the name, age, sex, color, date and place correctly given above?

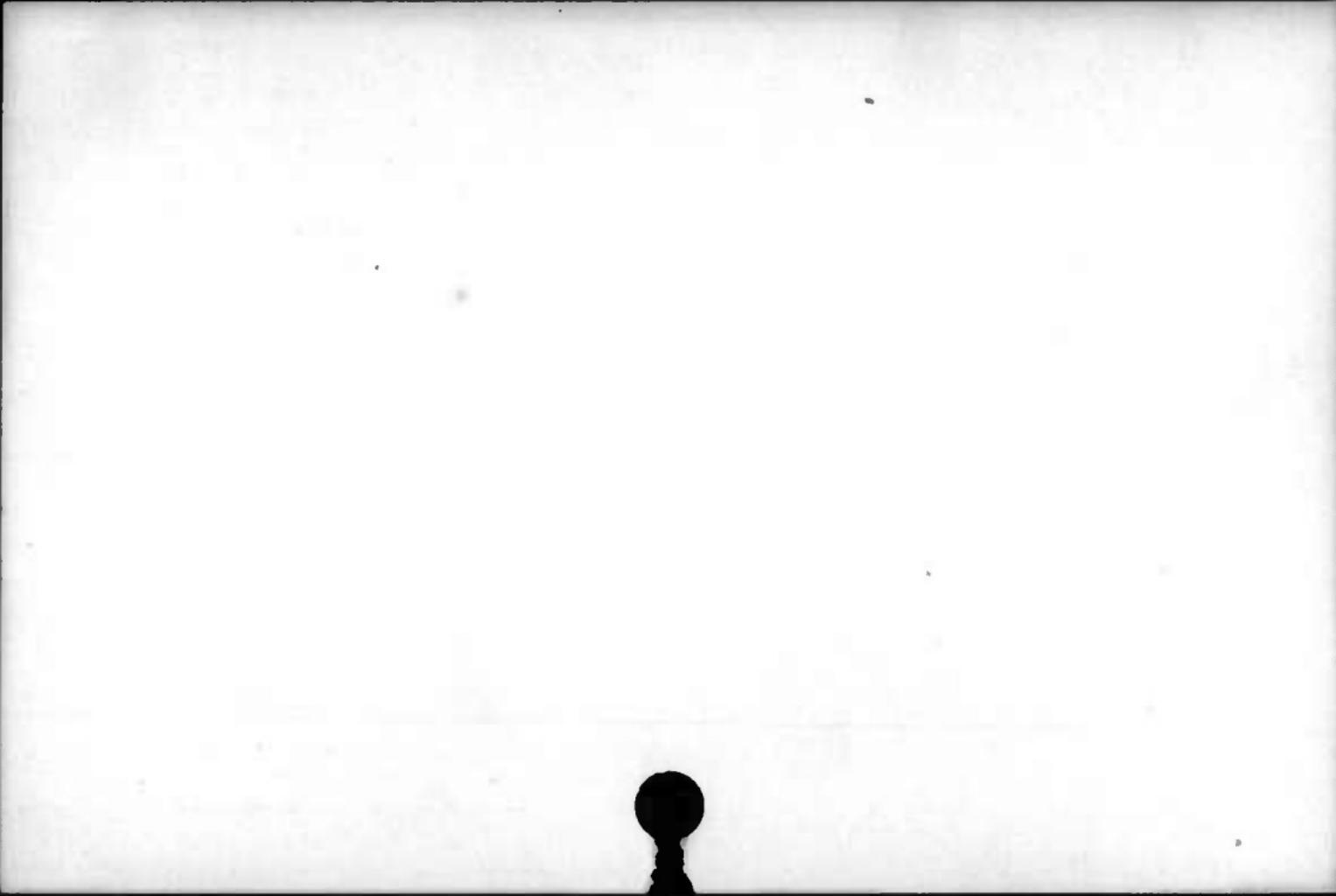
Signature of Physician

M. M. Canoas

Address

Fredrick Md

Accident or Suicide?



Name
in
Full

Hannah Patricia Seltzer

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Emmitsburg

County Frederick

MARYLAND

Date of death 1903 Month 11 Day 8 Age 37 Years 37 Months 7 Days 12

Sex Female

Color or Race white

Birth-place

Emmitsburg

Married, Single or Widowed

Married Houskeeper.

Name of Wife or Husband

Jamies Seltzer.

Father's Name

John Gordon

Father's Birthplace

Ireland

Mother's Maiden Name

Catherine Wagner.

Mother's Birthplace

Emmitsburg

Name of person giving Information

James Seltzer.

How related to deceased

Husband.

CAUSES OF DEATH

Primary

Child Birth

How long

Two days

Immediate

Expiration

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

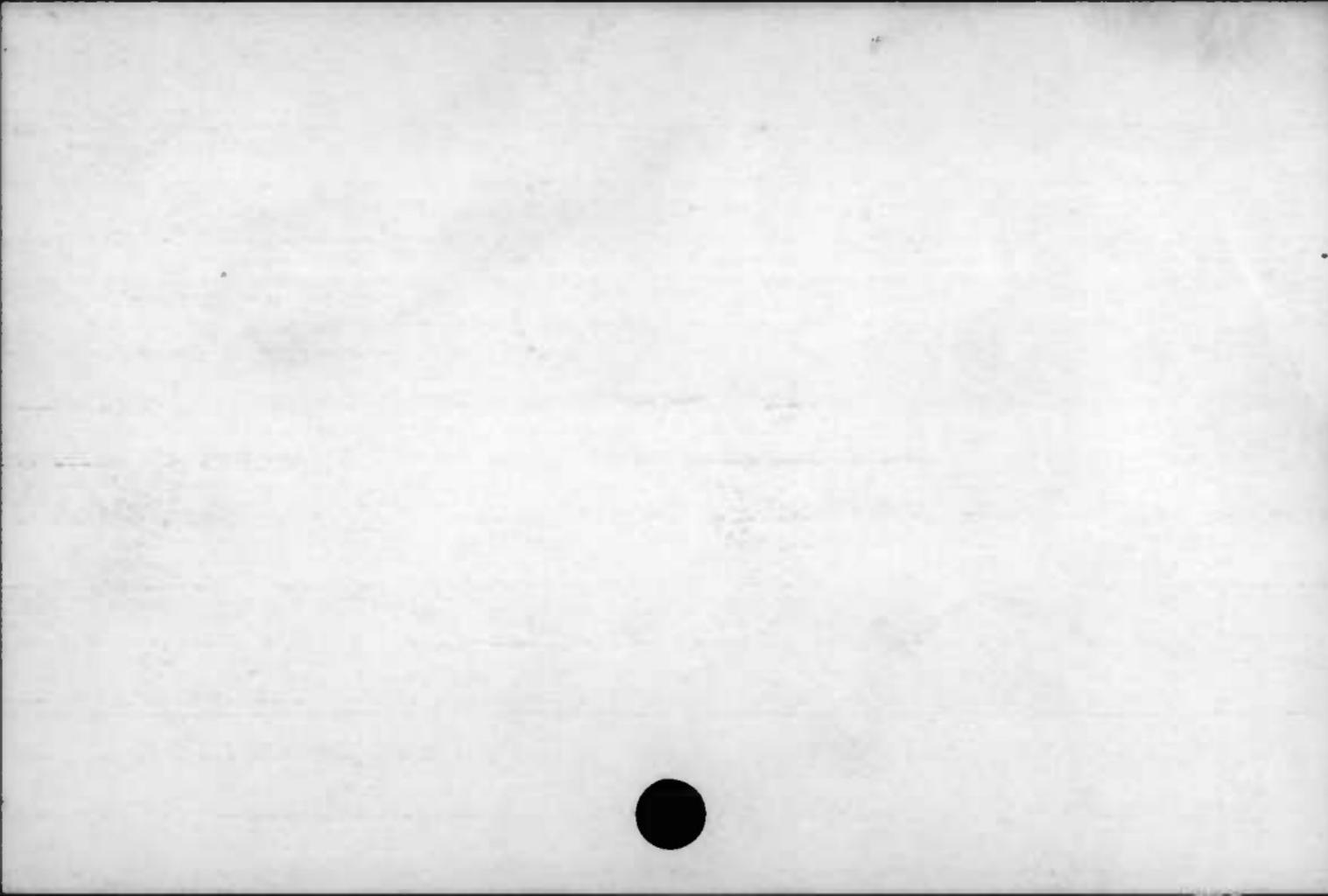
Yes

Signature of Physician

Address

John B Branner M.D.
Emmitsburg Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Chas. Emanuel Slicer						CERTIFICATE OF DEATH	
Buckettville			County			MARYLAND	
Died at	own town	Month	Day	Years	Months	Days	
Date of death 1908	8	10	Age 86	86	4	2	
Sex Male	Color or Race white	Occupation Retired from U.S. revenue service	Birth-place Maryland				
Married, Single or Widowed married							
Name of Wife or Husband Anne Slicer	Father's Name Emanuel Slicer	Father's Birthplace Md.					
Mother's Maiden Name Sarah Bisker	Mother's Birthplace Md.						
Name of person giving Information Frank Slicer	How related to deceased Son						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Idiopathic Myelitis

How long

Indefinite

Immediate

Uremia

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

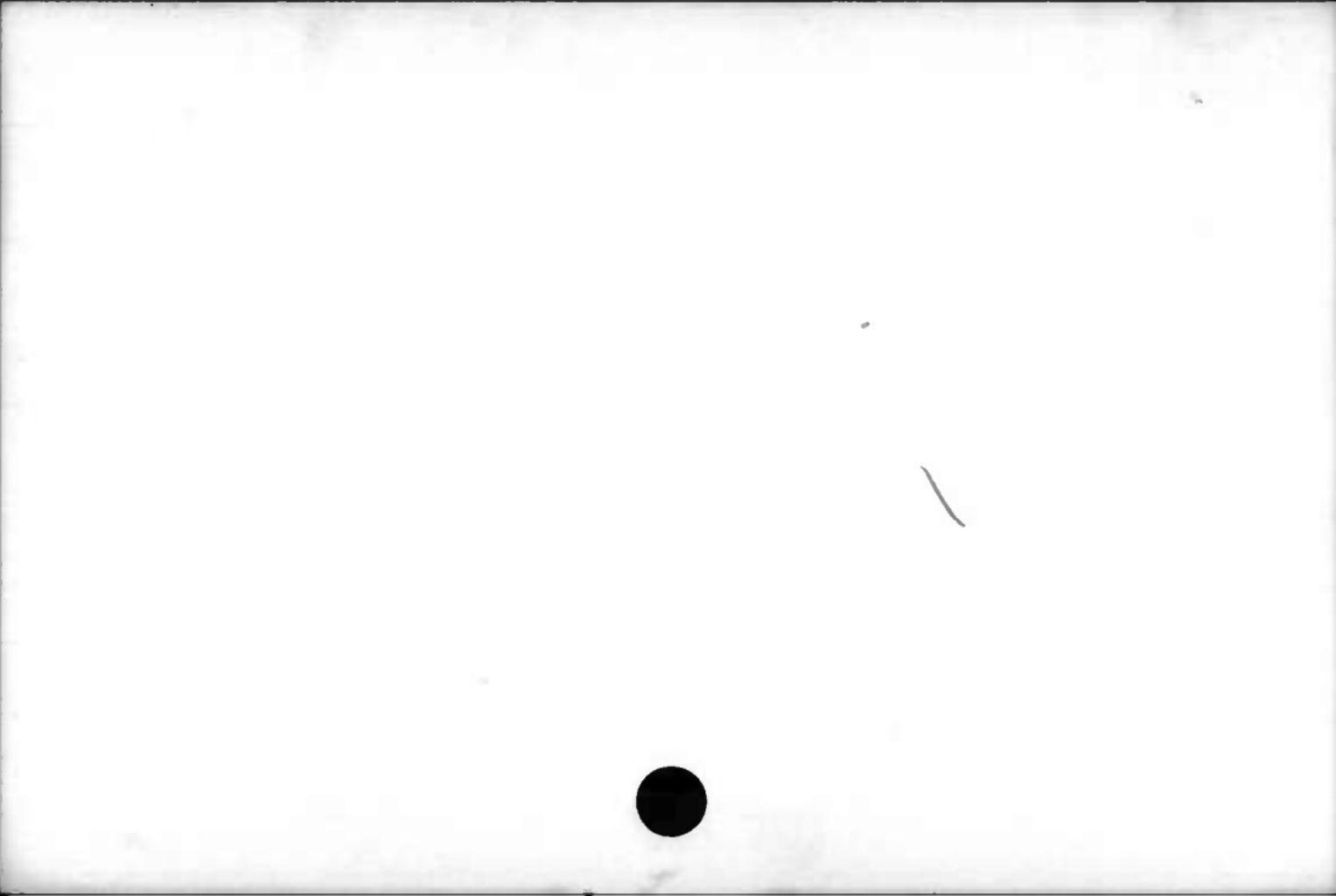
Signature of Physician

Address

Accident or Suicide?

Yes

George J. Peleggi
Buckettville
Md.



Name
in
Full

Noale Infant of Josephine Smith

CERTIFICATE OF DEATH

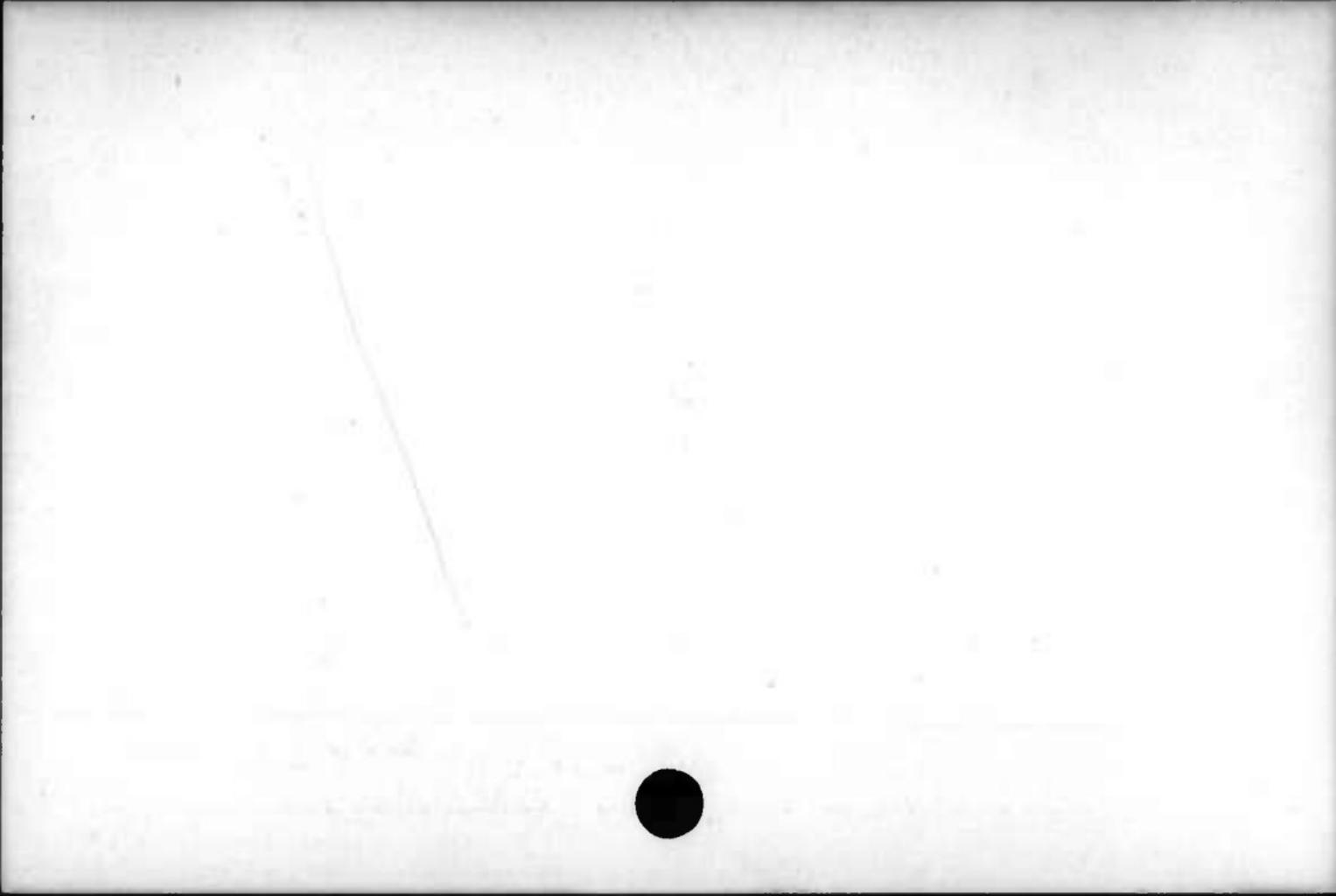
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 1903	Month 10	Day 22	Years —	Months —	Days 1
Sex Male	Color or Race Black	Occupation	Birth-place City.		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Hentzenowen			Father's Birthplace	
Mother's Maiden Name	Josephine Smith			Mother's Birthplace	
Name of person living in family	Josephine Smith			How related to deceased Mother	

CAUSES OF DEATH

Primary	Premature Birth.	How long
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
yes		None in Attendance
		Address
		A. T. Rice & Sons
Accident or Suicide?		



Name
in
Full

Sarah Ann Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND	
Died at	near Ladiesburg	Frederick			
Date of death	Month	Day	Years	Months	Days
1903	Oct.	10	75		
Sex	Female	Color or Race	White	Birth-place	Fredk Co. Md.
Married, Single or Widowed	Married	Occupation		Housewife	
Name of Wife or Husband	Solomon S. Smith				
Father's Name	William Fogle				
Mother's Maiden Name					
Name of person giving information	Solomon S. Smith				

CAUSES OF DEATH

Primary	Apoplexy	How long	24 hours
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John J. Legget, M.D.
Ladiesburg, Fredk Co.
Md.

Accident or Suicide?



Gertie Elizabeth Speak

Town

Layton

County

Frederick Co.

MARYLAND

Died at

Month

Day

Oct. 28

Y.

M.

D.

3-1-2

Native of

Md

Occupation

Date 1903

Male

White

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

/

Husband of

Wife

Father's Name

Oscar F. Speak

Mother's

Maiden Name

Kew Catherine Rutherford

How long sick

6 days

Cause of

Primary

Capillary Bronchitis

Death

Immediate

Asphyxia from imperfect oxygenation of blood

Accident, Suicide, Homicide

Reported by

C A. Stultz M.D.

Address

Woodabaro [Redacted] Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lloyd Stream

Town

County

Died at Brooksville Frederick

MARYLAND

Date 1903	Month Oct	Day 11	Age 84	M. M.	D. d	Native of Md	Occupation Laborer
Male	White		Married	Widow	Divorced		
Female	Colored		Single	Widower		Number of children living Six	

Husband of
Wife Amanda Dennis

Father's Name
Mother's Name

Cause of Primary

Death Immediate

Old age

How long sick
3 weeks

Accident, Suicide, Homicide

Reported by G. H. Steele & Son

Address Greenwich

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

No Dr in attendance

Information received
from John Stearns
Lloyd Stearns
Son.

Sarah Catherine Summers.

Died at	Harrison,	Town	County	Frederick	MARYLAND
Date 1903	Month 10 - Day 20	Y. 53	M. 5	D. -	Native of Md.
					Occupation Housewife
Male	White	Married	Widow	Divorced	
Female	Colored	Single	Widower	Number of children living	7
Husband of	Martin L. Summers.				
Wife					
Father's Name	Enos. P. Lipbush	Mother's Maiden Name	Mary Gladhill		
Cause of Death	Primary Chronic Nephritis				How long sick 10 yrs.
	Immediate				Accident, Suicide, Homicide

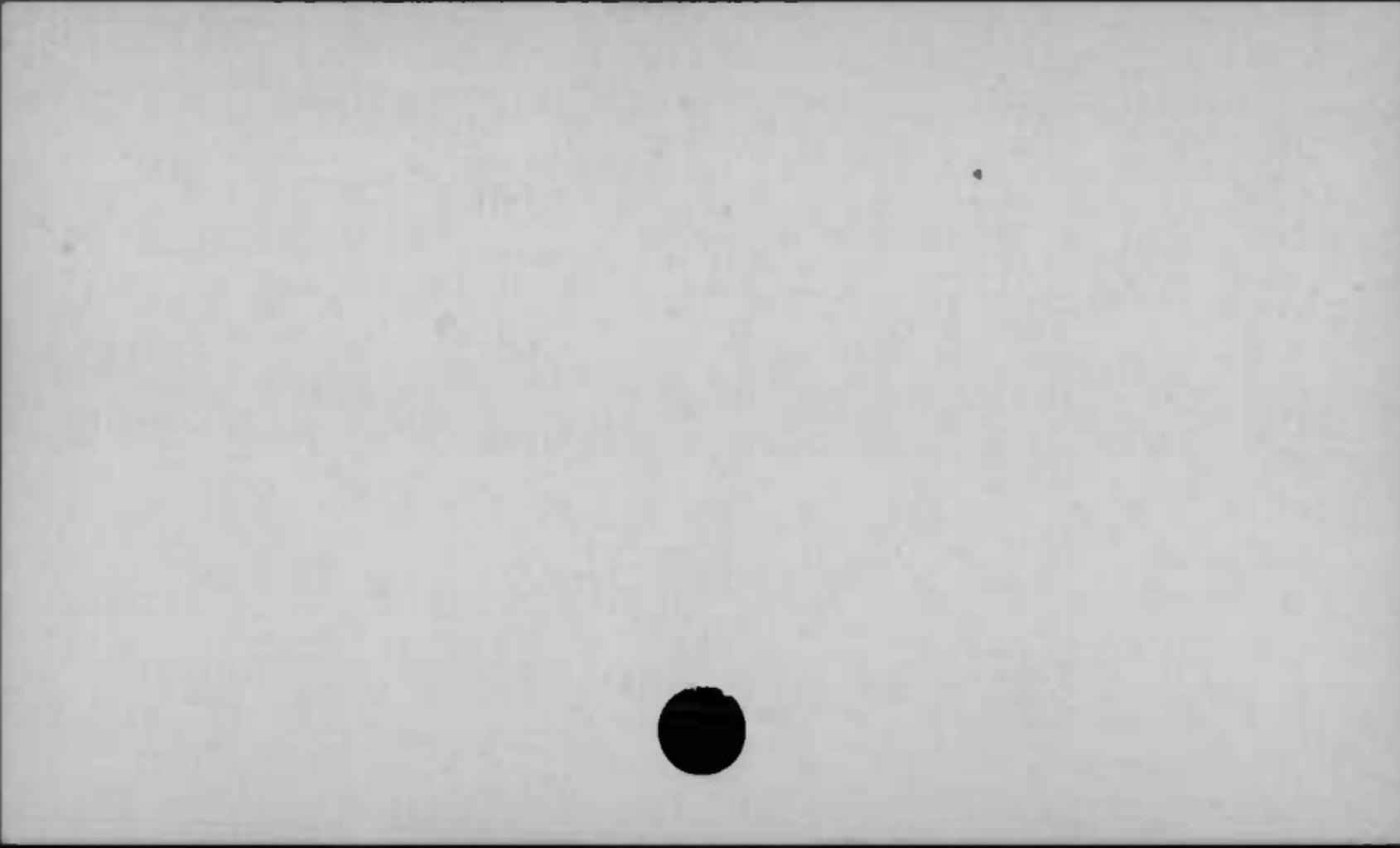
Reported by

Ralph Browning

Address

Myersville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

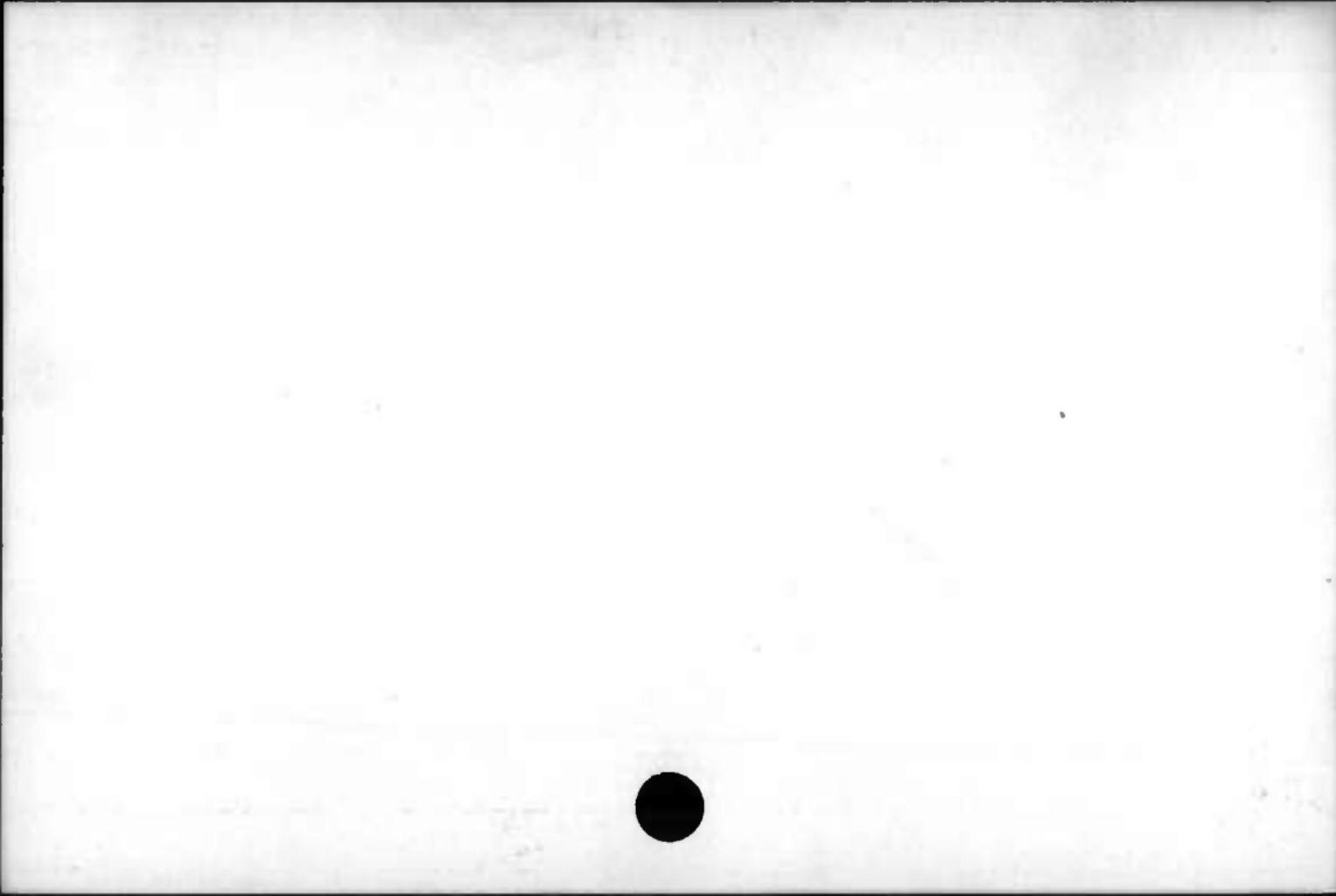


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days	
Sex	Color or Race	Occupation	Birth-place			
Married, Single or Widowed	Married	Barker	Father's Birthplace			
Name of Wife or Husband	Amni Tally	Georgi Tally	Mother's Birthplace	Frederick		
Father's Name	Georgi Tally	Harriette Tally	How related to deceased	" Father		
Mother's Maiden Name	Harriette Tally	George Tally				
Name of person giving information						
CAUSES OF DEATH						
Primary	Tuberculosis			How long	about 6 mo.	
Immediate	Cardiac asthma			How long	two days	
Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician	Dr H F Bourne	
PHYSICIAN OR CORONER				Address	Frederick Md.	
Accident or Suicide?						



Name
in
Full

Donald Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 190	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Married, Single or Widowed	Occupation			
Name of Wife or Husband				
Father's Name	Paul D. Thomas			Father's Birthplace
Mother's Maiden Name	Anna Worman 9			Mother's Birthplace
Name of person giving Information				How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hypertension

How long

6

Immediate

Exacerbation

How long

Are the name, age, sex, color, date and place correctly given above?

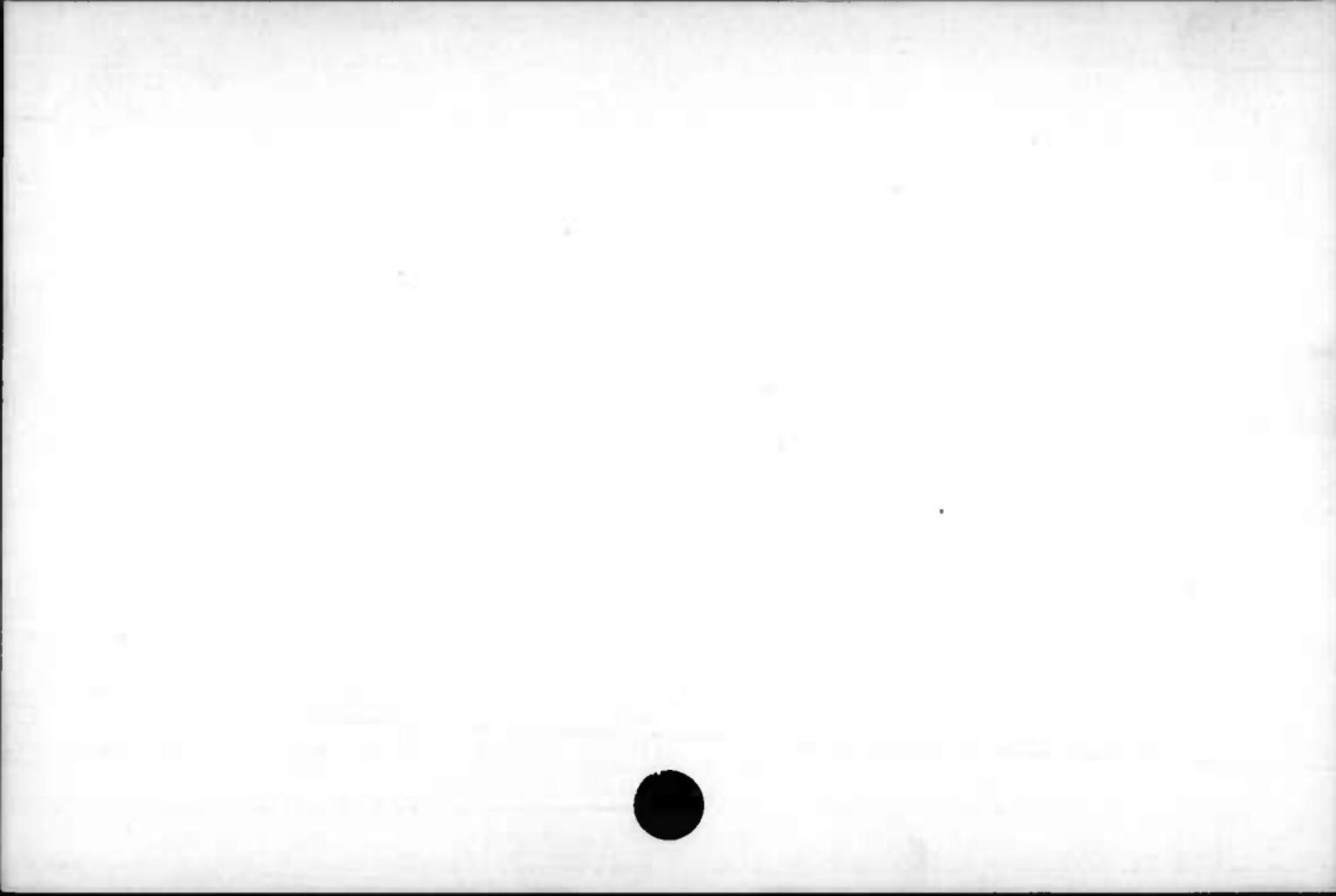
Signature of Physician

Address

Mr. Thomas

Bethelick MD

Accident or Suicide?



Name
in
Full

A. Joseph-Tapper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month 10	Day 24	Age 35	Years	Months 6	Days
Sex Male	Color or Race White			Birth-place	Frederick	
Married, Single or Widowed	Occupation					
Name of Wife or Husband	X					
Father's Name	Joseph Tapper /20		Father's Birthplace	Cummisburg		
Mother's Maiden Name	Ave. Taylor		Mother's Birthplace	Inland		
Name of person giving information	Mr. Schrodier		How related to deceased	None		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hæmorrhage -

How long

24 hours

Immediate

Apoplexy

How long

10 hours

Are the name, age, sex, color, date and place correctly given above?

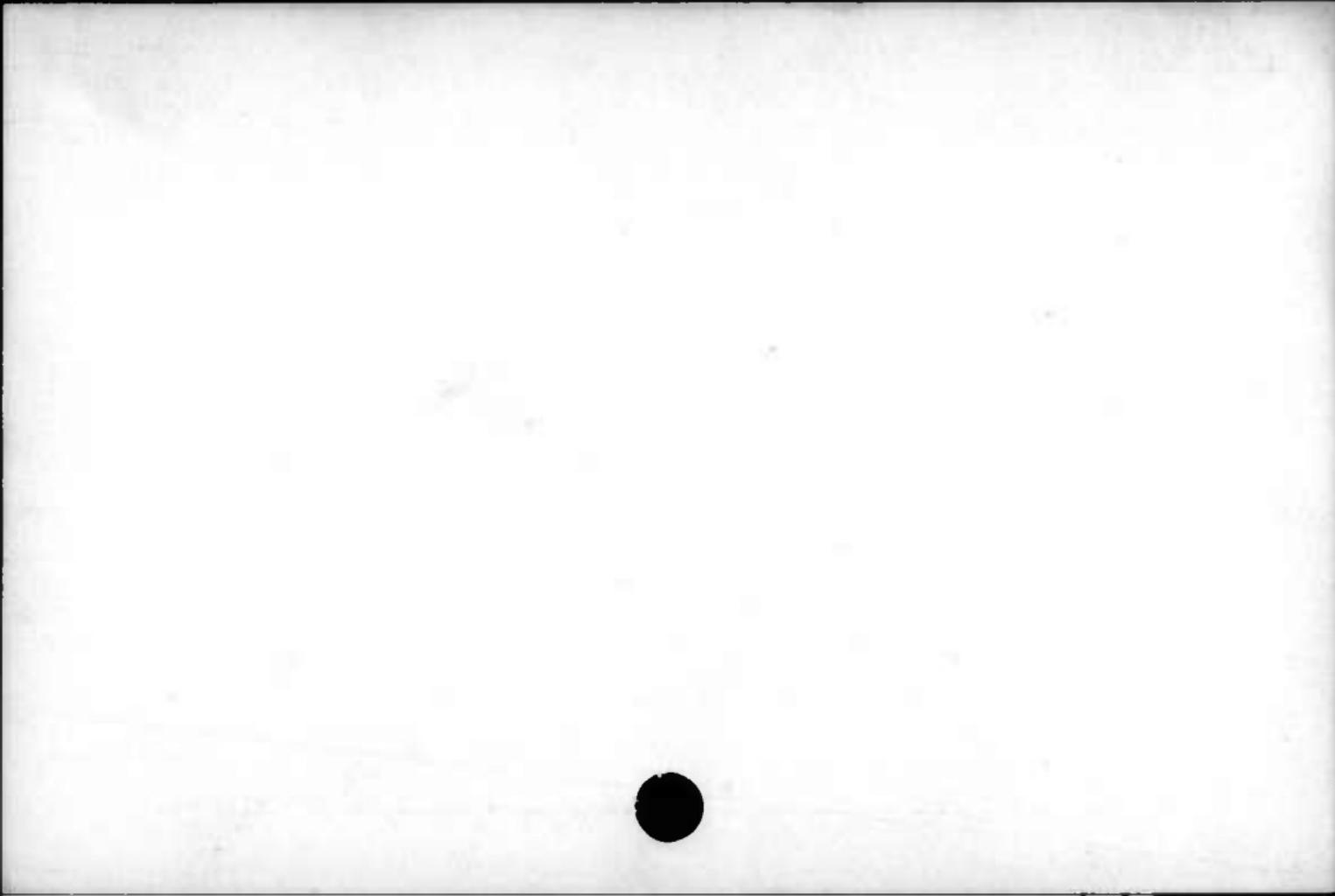
Yes

Signature of Physician

Address

Bucklin-Buchanan, Dr. J. S.
Frederick, Md.

Accident or Suicide?



Name
in
Full

Jacob J Taffor

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Emmitsburg	Frederick				
Date of death 1903	Month Oct	Day 9 th	Age 65	Years 2	Months 2	Days 29
Sex	Male	Color or Race	White	Birth- place	Maryland	
Married, Single or Widowed	Widower	Occupation		Former		
Name of Wife or Husband						
Father's Name	John Taffor		4			
Mother's Maiden Name	Martha Saunders					
Name of person giving Information	L Taffor		Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Congestion of the Brain

How long 4 days

Immediate Paralysis

How long

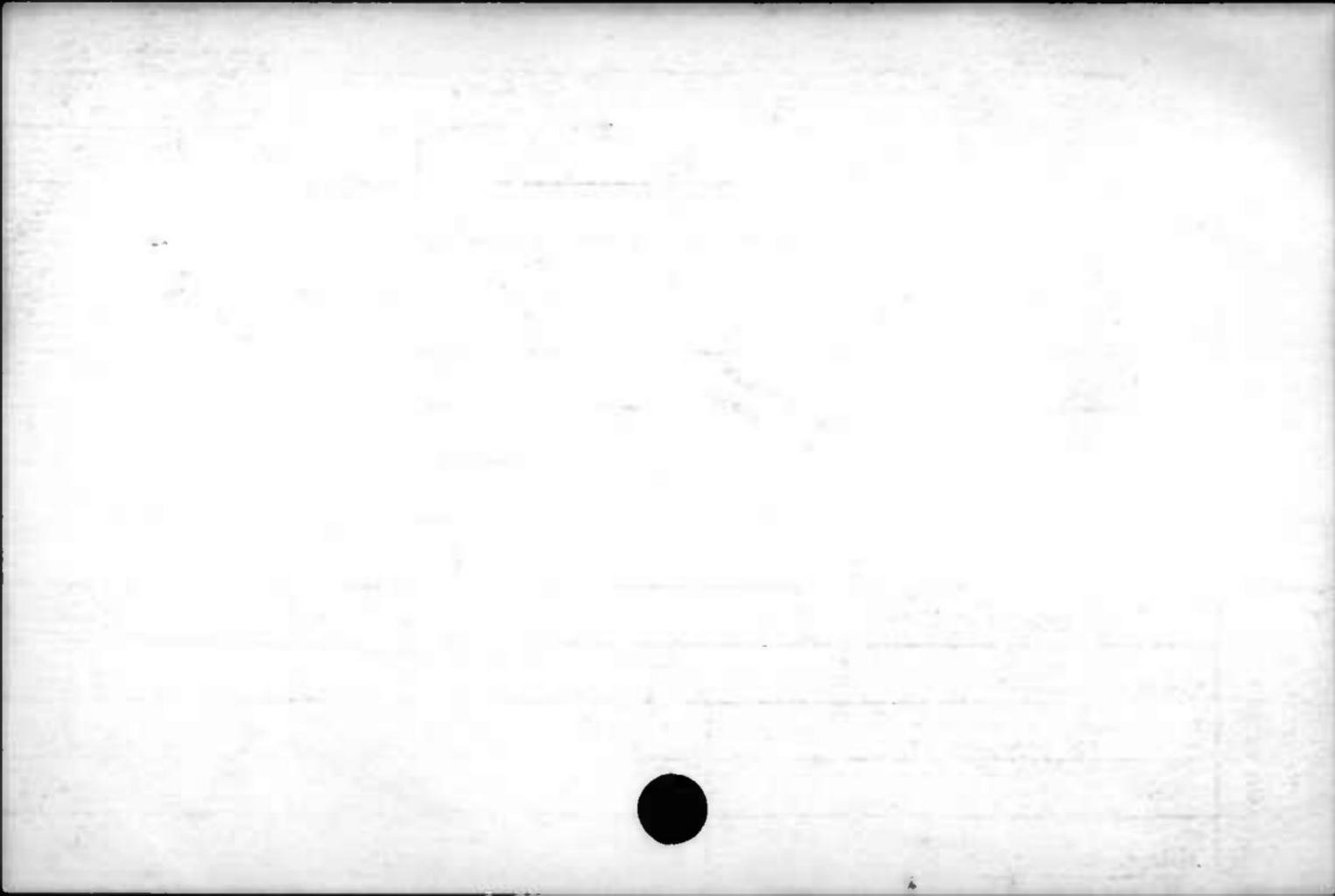
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Robert L. Arman
Emmitsburg Md

SEARCHED



Name
in
Full

Unknown

28

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND		
Died at	Frederick		Months	Days	
Date of death 1903	Month October	Day 19 th	Years		
Sex Male	Color or Race White	Birth-place			
Married, Single or Widowed	dont know		Occupation		
Name of Wife or Husband	"	"			
Father's Name	"	"	Father's Birthplace		
Mother's Maiden Name	"	"	Mother's Birthplace		
Name of person giving Information	Mr	Spring	How related to deceased		

CAUSES OF DEATH

Primary	Killed by Locomotive		How long
Accident			How long
Immediate			
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Jackson Bros Undertakers
		Address	New Market
Accident or Suicide?	Accide		



Name in Full

Certificate of Death

Carl Sylvester Wachter

Town

County

MARYLAND

Died at

Charlottesville Fredk

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

10 27

Age

3 0 7

Male

White

Married

Widow

Md.

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Martin Z Wachter

Mother's

Maiden Name

Flora V Belle

Cause of

Primary

How long sick

Death

Immediate

Scalded

Accident, Suicide, Homicide

Reported by

E. Neigh Brown

2nd Street Rd.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Susan Wolfe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month oct	Day 26	Age 84	Years	Months 3	Days 22
Sex Female	Color or Race white	Birth- place				
Married, Single or Widowed widowed	Occupation Housewife					
Name of Wife or Husband						
Father's Name Peter Grossnickle				Father's Birthplace		
Mother's Maiden Name Hannah Grossnickle				Mother's Birthplace		
Name of person giving Information Mrs. C. H. Grossnickle				How related to deceased niece		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Paralysis

2 days

Are the name, age, sex, color, date
and place correctly given above?

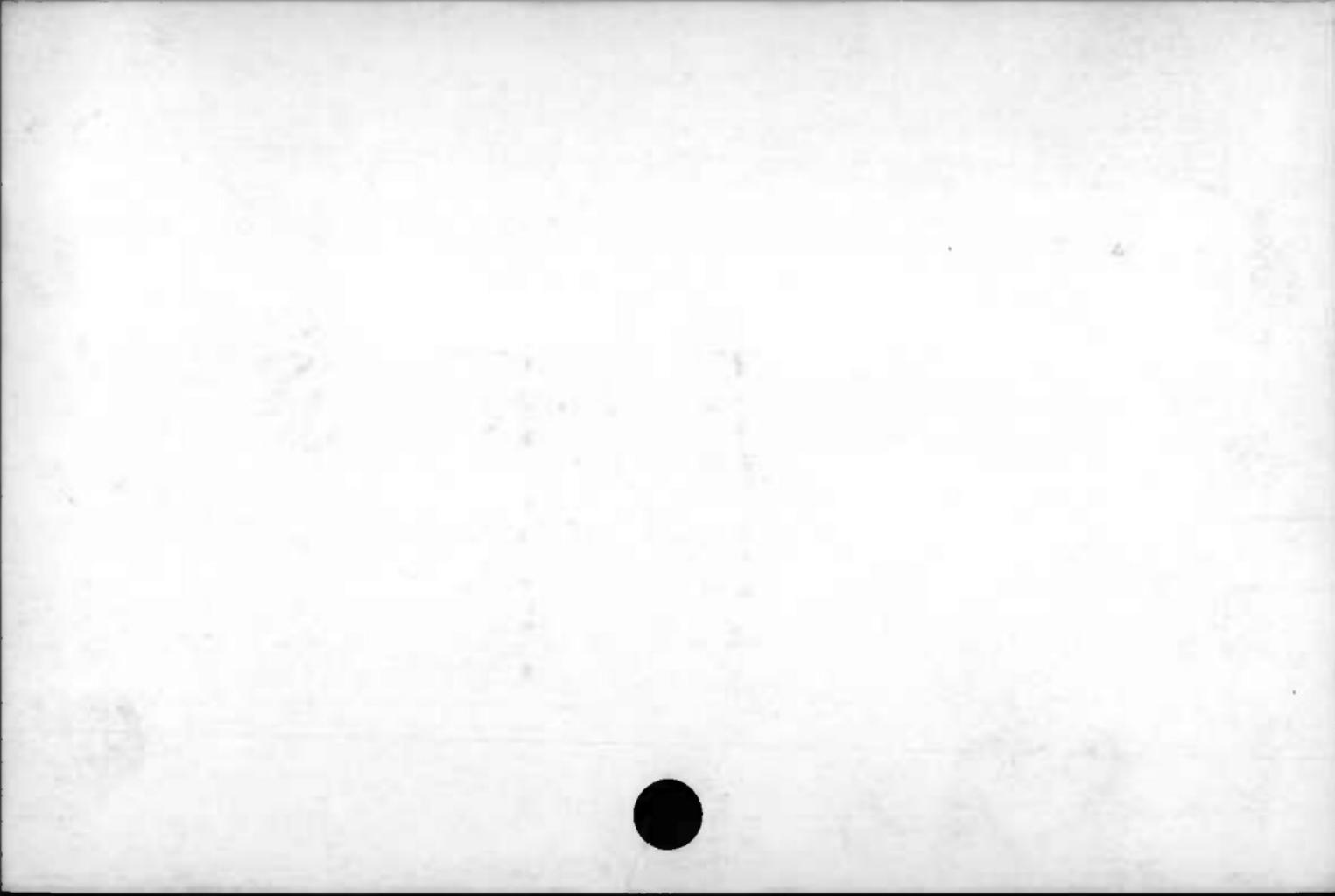
Signature of
Physician

yes

Address

A. J. Smith
Wolfville
Md

Accident or Suicide?



Name
in
Full

David Christian Wuebener

CERTIFICATE OF DEATH

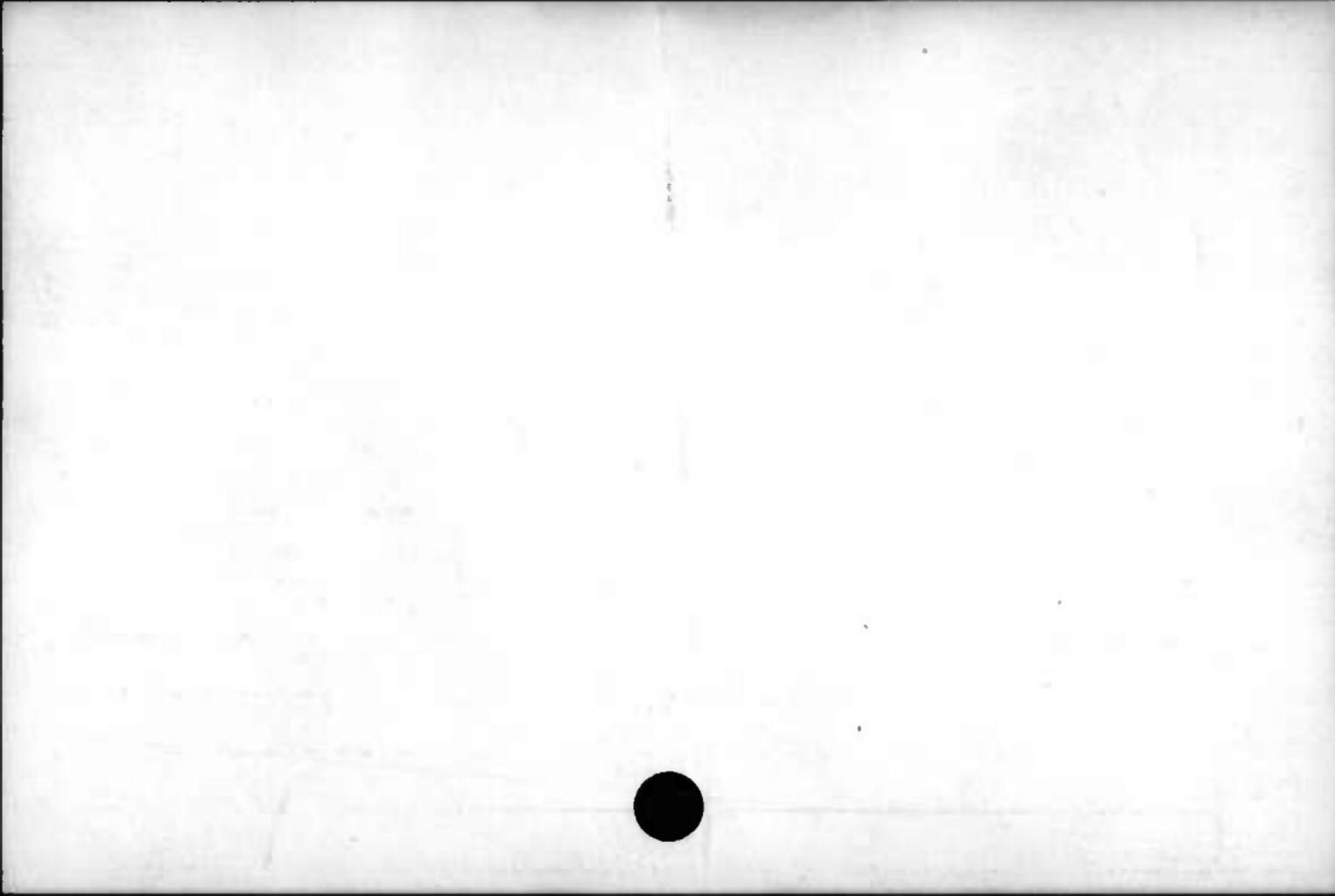
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Pedder City	County	MARYLAND		
Date of death 1903	Month	10	Day	10	Years	68
Sex	Male	Color or Race	White	Months	11	Days 28
Married, Single or Widowed	Married	Occupation	Merchandiser			
Name of Wife or Husband	Christian Wuebener		Father's Birthplace	60		
Father's Name			Mother's Birthplace	60		
Mother's Maiden Name	Cramer		How related to deceased	None		
Name of person giving information	Dr. F. F. B. French					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy	How long	dust exposure
Immediate	x	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Franklin Baden D. D. S.
		Address	City
Accident or Suicide?			



Name
in
Full

William Henry Yingling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>Near Ladiesburg</u>		Town		County		MARYLAND	
Date of death 1903	Month Oct.	Day 29	Age 77	Years	Months 10	Days 11	
Sex Male	Color or Race White	Occupation Miller.					
Married, <u>Widowed</u>							
Name of Wife or Husband	Louisa Yingling		64	Father's Birthplace			
Father's Name				Mother's Birthplace			
Mother's Maiden Name				How related to deceased	wife		
Name of person giving information	Louisa Yingling						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis from cerebral hemorrhage How long 11 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

John J. Ligget, M.D.

Address

Accident or Suicide?

